

NATIONAL INSTITUTE OF SIDDHA

Chennai - 47

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY, CHENNAI - 600 032

A STUDY ON
MOOLAPITHAM

(DISSERTATION SUBJECT)



*For the partial fulfillment of the
requirements to the Degree of*

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V - NOI NAADAL DEPARTMENT

SEPTEMBER – 2007

CERTIFICATE

This is to certify that I have gone through the dissertation submitted by
Dr. G.MANJULA, a student of final M.D. Siddha, branch V, Noi Naadal department,
National Institute of Siddha, Chennai - 47 and the dissertation work “**A study on
Moolapitham**” has been carried out by the individual only. The dissertation does not
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Place: Chennai – 47.

Date:

Professor and Head of the Department

Branch V, Noi Naadal department,

National Institute of Siddha,

Chennai – 47.

ALLIED PARAMETERS
TABLE SHOWS LABORATORY INVESTIGATION REPORT

S.NO	IP/OP.No	Name	AGE/ SEX	TC Cells/ Cumm	BLOOD						URINE			MOTION	
					DC in (%)			ESR (mm/ hr)		Hb gms %	Alb	Sug	Dep	Ova/ cyst	Bacteria
					P	L	E	½ hr	1 hr						
1.	M 7261	Rukkumani	56 / F	7,000	57	40	3	6	12	10.4	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
2.	M 385	Babu	30 / F	8,200	59	41	-	4	8	11.0	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
3.	K 1872	Banu	31 / F	7,500	56	40	4	3	6	9.8	Nil	Nil	1-2 Epi 3-6 Pus	Nil	Nil
4.	T 8484	Aanandhi	44 / F	8,100	54	42	4	10	20	10.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Klebsilla +
5.	T 3952	Subramanian	39 / M	8,700	55	42	3	10	22	10.0	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
6.	S 8211	Aarumugam	65 / M	7,800	53	43	4	2	4	14.6	Nil	Nil	2-4 Epi 4-6 Pus	Nil	Nil
7.	U 092	Jeyalakshmi	62 / F	7,400	52	44	4	14	22	9.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
8.	T 4498	Kairunisha	37 / F	9,600	59	38	3	3	6	8.8	Nil	Nil	2-4 Epi 4-6 Pus	Nil	Nil
9	T 2840	Valli	45 / F	8,400	54	44	2	2	4	10.2	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
10.	S 2805	Muralidharan	37 / M	8,600	57	40	3	2	4	14.8	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
11.	T 6644	Manivel	42 / M	8,500	58	38	4	10	20	10.4	Nil	Nil	2-4 Epi 2-4 Pus	Nil	Nil
12.	I 5551	Ningaraj	30 / M	8,000	56	40	4	2	4	9.4	Nil	Nil	2-4 Epi 1-2 Pus	Nil	Nil
13.	S 1120	Jameela	47 / M	9,400	59	38	3	11	20	9.8	Nil	Nil	1-2 Pus 1-2 Pus	Nil	Nil
14.	O 5212	Santhakumar	34 / M	8,500	56	41	4	7	14	10.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
15.	S 3991	Aarumugam	31 / M	8,800	58	42	-	3	6	10.0	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil

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16	S 1932	Vijayakumar	54 / F	7,700	58	38	4	4	8	9.0	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
17.	Q 4681	Umadevi	39 / F	7,300	54	39	2	2	4	10.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
18.	R 7951	Mariammal	40 / F	8,100	40	3	4	11	20	11.4	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
19.	V 6891	Padmavathy	50 / F	8,400	52	44	4	7	14	11.0	Nil	Nil	2-4 Epi 2-4 Pus	Nil	Nil
20.	V 7142	Tamilarasan	40 / M	8,500	55	42	3	3	6	10.2	Nil	Nil	2-4 Epi 1-2 Pus	Nil	Nil
21.	196	Gomathy	56 / F	7,800	57	40	3	4	8	10.8	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
22.	210	Geetha	50 / F	7,900	54	42	4	6	12	10.4	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
23.	483	Natesan	76 / M	8,200	58	37	5	11	22	10.0	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
24.	490	Manikkam	56 / M	8,600	57	41	2	2	4	12.6	Nil	Nil	2-4 Epi 3-6 Pus	Nil	Nil
25.	222	Chellam	42 / F	9,500	56	42	2	7	14	12.8	Nil	Nil	1-2 Epi 1-2 Pus	Nil	Nil
26.	315	Lakshmi	57 / F	7,700	58	38	4	10	20	9.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
27.	227	Maheswari	42 / F	9,300	56	42	2	7	14	9.2	Nil	Nil	2-4 Epi 2-4 Pus	Nil	Nil
28.	206	Aanandha Kumari	52 / F	9,600	56	41	3	2	4	11.2	Nil	Nil	1-2 Epi 1-2 pus	Nil	Nil
29.	232	Selvi	30 / F	8,000	57	40	3	6	12	10.6	Nil	Nil	1-2 Epi 2-4 Pus	Nil	Nil
30.	076	Kasthuri	47 / F	8,800	57	40	3	3	6	10.8	Nil	Nil	2-4 Epi 3-6 Pus	Nil	Nil

INTERPRETATION OF ENVAGAI THERVUGAL

SL. NO	IP/OP NO.	NAME	AGE/ SEX	NAA	NIRAM	MOZHI	VIZHI	SPARISAM	MALAM	NEERKURI	NEIKURI	NAADI
1.	M 7261	Rukkumani	56 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 11°	Kalichal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
2.	M 385	Babu	30 / F	Veluppu	Manjal	Thazhantha oli	Veluppu Erichal	Tenderness 7°	Kalichal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
3.	K 1872	Banu	31 / F	Veluppu	Manjal	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Aravil Mothiram	Valiazhal
4.	T 8484	Aanandhi	44 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Kirumi	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
5.	T 3952	Subramanian	39 / M	Veluppu Maa padithal	Karuppu	Sama oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Aravil Mothiram	Valiazhal
6.	S 8211	Aarumugam	65 / M	Karuppu Vedippu	Manjal	Thazhantha oli	M.C Erichal	Tenderness 3°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
7.	U 092	Jeyalakshmi	62 / F	Veluppu Maapadithal	Karuppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam +	Mothirathil Aravam	Azhalvali
8.	T 4498	Kairunisha	37 / F	Veluppu,P.A Maapadithal	Manjal	Uratha oli	Veluppu Erichal	Tenderness 11°	Sikkal	Manjal 3+ Foam Nil	Mothirathil Aravam	Azhalvali
9.	T 2840	Valli	45 / F	Veluppu	Manjal	Uratha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
10.	S 2805	Muralidharan	37 / M	Karuppu Maapadithal	Karuppu	Urattha oli	M.C Erichal	Tenderness 11°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
11.	T 6644	Manivel	42 / M	Veluppu	Manjal	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
12.	I 5551	Ningaraj	30 / M	Veluppu	Manjal	Urattha oli	Veluppu Erichal	Tenderness 11°	Sikkal	Manjal 2+ Foam +	Aravathil Mothiram	Valiazhal
13.	S 1120	Jameela	47 / M	Veluppu Maapadithal	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 3°	Sikkal	Manjal 2+ Foam +	Aravathil Mothiram	Valiazhal
14.	O 5212	Santhakumar	34 / M	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
15.	S 3991	Aarumugam	31 / M	Veluppu	Veluppu	Thazhantha oli	Veluppu Erichal	Tenderness 3°	Sikkal	Manjal 3+ Foam Nil	Mothirathil Aravam	Azhalvali

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16	S 1932	Vijayakumar	54 / F	Veluppu Maa Padithal	Veluppu	Uratthaloli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 3+ Foam Nil	Mothirathil Aravam	Azhalvali
17.	Q 4681	Umadevi	39 / F	Veluppu	Veluppu	Samaoli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
18.	R 7951	Mariammal	40 / F	Veluppu Maa Padithal	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 3+ Foam +	Mothirathil Aravam	Azhalvali
19.	V 6891	Padmavathy	50 / F	Veluppu Maa Padithal	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 3°, 7°	Kalichal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
20.	V 7142	Tamilarasan	40 / M	Maapadithal Vedippu Veluppu	Manjal	Urattha oli	Veluppu Erichal	Tenderness 7° , P.A	Sikkal	Manjal 2+ Foam Nil	Aravil Mothiram	Valiazhal
21.	196	Gomathy	56 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 3°	Sikkal	Manjal 3+ Foam +	Mothirathil Aravam,	Azhalvali
22.	210	Geetha	50 / F	Veluppu Maapadithal	Veluppu	Thazhantha oli	Veluppu Erichal	Tenderness 7°	Kalichal	Manjal 2+ Foam +	Mothirathi Aravam P.A	Azhalvali
23.	483	Natesan	76 / M	Veluppu	Veluppu	Thazhantha oli	Veluppu Erichal	Tenderness 3°, 7°, 11°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
24.	490	Manikkam	56 / M	Veluppu	Veluppu	Thazhantha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
25.	222	Chellam	42 / F	Veluppu, P.A Vedippu	Veluppu	Sama oli	Veluppu Erichal	Tenderness 3°, 7°	Sikkal	Manjal 2+ Foam +	Mothirathil Aravam	Azhalvali
26.	315	Lakshmi	57 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 3°	Sikkal	Manjal 3+ Foam +	Mothirathil Aravam	Azhalvali
27.	227	Maheswari	42 / F	Veluppu	Veluppu	Sama oli	Veluppu Erichal	Tenderness 3°, 7°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
28.	206	Aanandha Kumari	52 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°, 11°	Sikkal	Manjal 2+ Foam Nil	Mothirathil Aravam	Azhalvali
29.	232	Selvi	30 / F	Veluppu	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam +	Mothirathil Aravam	Azhalvali
30.	076	Kasthuri	47 / F	Veluppu Maapadithal	Veluppu	Urattha oli	Veluppu Erichal	Tenderness 7°	Sikkal	Manjal 2+ Foam +	Aravil Mothiram	Valiazhal

1 TO 20 CASES – O.P; 20 TO 30 CASES – I.P; M.C – Muddy Conjunctiva; P.A - Photo attached;
Manjal 2+ - Dark Yellow; Manjal 3 + - Reddish Yellow

INTRODUCTION

Siddha system is one of the oldest systems of medicine in India. The term “Siddha” means achievement and the “**Siddhars**” were saintly figures. This system of medicine developed within the Dravidian culture which is of the pre-vedic period.

Siddha perhaps the earliest medical science that laid stress on positive health a harmonious blending of physical, mental, social, moral and spiritual welfare of an individual. The siddha system is well known for its complication free simplicity, credibility, accessibility, curability and good quality.

Every system of medicine should have some fundamental principles of its own and as such siddha system of medicine too has its own doctrine theory of fundamental principles based on hypothetical logic of nature’s law. This consists of Pancha bootha thathuvam, Thiridhosa thathuvam, Andapinda thathuvam.

The universe is called macrocosm (Andam) and the human body is considered as the microcosm (pindam). If there is any change in the macrocosm, it will have its impact on the microcosm (human body).

Both macrocosm and microcosm are formed by the basic five elements (pancha poothangal) namely earth, water, fire, air and sky. These five elements combined to form the three thathus namely vatham, pitham, kabham.

“அண்டத்திலுள்ளதே பிண்டம்
பிண்டத்திலுள்ளதே அண்டம்
அண்டமும் பிண்டமும் ஒன்றே
அறிந்துதான் பார்க்கும் போதே”

-சட்டமுனிஞானம்

According to siddh.a system of medicine, Thathuvam is considered as a science that explains the functions of the human body from the cradle to the grave.

There are 96 kinds of Thathuvams and they constitute the essential functions of the human organism and are at once the cause and effect of our physical and mental well-being. If the Muththathu's are in healthy condition and when the balance is changed or altered, continuously or permanently brings illness that is Mukkuttram.

Muththathu theory is the foundation stone of the siddha edifice; and the doctrine has been a perplexing problem to many a thinker.

Muththathus theory, which are the three humours in the human body. Vatha, Pitha, Kabham are called 'Distempers' when they are in excess or predominate and affect the temperant. These are called wind, bile and phlem respectively. In which Pitha or Bile reside in the solar region under the chest.

It is essential to investigate the root cause of the illness by keeping pathological signs and symptoms of the body with a reasonable knowledge in the physiology.

SIDDHA PHYSIOLOGY

According to Siddha System of medicine, thathuvam is considered as a science that explains the functions of the human body, from the cradle to the grave. The principles of thathuvams add a great deal to the scientific aspect of the siddha system of medicine.

A proper understanding of the 96 kinds of thathuvams are there fore essential, for an adequate realization of the thridosha theory, the examination of the pulse, urine, etc. the etiology and prognosis of the diseases and also the selection of remedies.

There are 96 kinds of thathuvams and they constitute the essential functions of the human organism and are at once the cause and effect of our physical and mental well being. The thathuvam is the first and foremost of the conception, on which the theory and medicine is based.

The physiology in the siddha system involves 96 basic factors, seven constituent elements, 14 reflexes and four body fires.

96 Basic Factors

Physiology means 'Thathuvam'. The basic principles that constitute the human being are called Thathuvam.

- | | | | |
|----|---------|---|---|
| 1. | Bootham | - | 5 |
| 2. | Pori | - | 5 |

3.	Pulan	-	5
4.	Kanmenthiriyam	-	5
5.	Kanma vidayangal	-	5
6.	Anthakaranam	-	4
7.	Arivu	-	1
8.	Naadi	-	10
9.	Vayu	-	10
10.	Aasayam	-	5
11.	Kosam	-	5
12.	Aadharam	-	6
13.	Mandalam	-	3
14.	Malam	-	3
15.	Thodam	-	3
16.	Eadanai	-	3
17.	Gunam	-	3
18.	Vinai	-	2
19.	Raagam	-	8
20.	Avathai	-	5

Panchapootham

- 1. Earth** - Bulk, motionless, heavy and dense growth of objects.
- 2. Water** - Giving pleasure, coolness, soaking, viscid, soft, slimy and flowing.
- 3. Fire** - Hot, dry, sharp, burning, colour and light.
- 4. Air** - Denseless ness, dryness, easiness inhalation, feeling sad and fatigue.
- 5. Space** - Miniute, clear and sharp.

Iymporigal

1. **Mei** (skin) - Predominant air element to feel the sense of touch.
2. **Vai** (tongue) - Predominant water element, to realise the taste.
3. **Kan** (eye) - Predominant fire element to see the object.
4. **Mooku** (nose) - Predominant earth element, to smell the odour.
5. **Sevi** (ear) - Predominant space element, to hear sound.

Iympulangal

1. Sensation
2. Taste
3. Vision
4. Smell
5. Audition

Kanmenthriyanga and Kanmavidayanga

1. **Kai** (Hands) – Giving and taking are carried out with the influence of five elements.
2. **Kaal** (Legs) – The walking takes place in relation with Air elements.
3. **Vai** (Mouth) – the speech occurs in relation with the space elements.
4. **Karuvai** (Reproductive organ) -In relation with earth element it causes ejaculation and ensures pleasure on account of reproduction.(Semen or ovum voided)
5. **Eruvai** (Excretory organ) - The excreta is removed in association with water element. (Motion, urine voided).

Anthakaranam

1. Manam (Mind) - Thinking.
2. Putthi (Intellect) - Analyses
3. Siddham - Achieves
4. Ahankaram. - Decides

Arivu

To analyse Nalvinai and Theevinai.

Naadi

1. **Idakali** : Starts from the right bigtoe and ends at the left nostril.
2. **Pingalai** : Starts from the left bigtoe and ends at the right nostril.
3. **Suzhumunai** : Starts from the perineum and extends up to the centre of the head.
4. **Siguval** : Located at the root of the tongue, it helps in swallowing the food and water.
5. **Purudan** : Located in right eye.
6. **Kanthari** : Located in left eye.
7. **Aththi** : Located in the right ear.
8. **Alampudai** : Located in the left ear.
9. **Sangini** : Located in the genital organs.
10. **Gugu** : Located in anorectal region.

Vayu - 10

1. Praanan

This controls knowledge, mind and the five sense organs, which are useful for breathing and digestion.

2. Abaanan (Keezh Nokku Kaal)

This is responsible for all downward movements such as passing of urine, stools, semen, menstrual flow etc.

3. Samaanan (Nadukkaal)

This aids in proper digestion.

4. Viyaanan (Paravukaal)

This is responsible for movements of all parts of the body.

5. Uthaanan (Mel Nokku Kall)

Responsible for all upward visceral movements such as Vomitting, Eructation and Nausea.

6. Naagan

Responsible for opening and closing the eyes.

7. Koorman

Responsible for vision and yawning.

8. Kirukaran

Responsible for salivation, nasal secretion and appetite.

9. Dhevathaththan

Responsible for laziness, sleeping and anxiety.

10. Thananjeyan

Produces bloating of the body after the death. It escapes on the third day after death bursting out of the cranium.

Aasayam

1. Amarvasayam (Digestive organ): Stomach, where the place intake of food Stays.

2. Pagirvasayam (Absorbing place): Intestine, where the place the food Absorption takes place.

3. Salavasayam (excretory organ): Kidney, where the place formation and excretion of urine takes place.

4. Malavasayam (Excretory pathway to faecal matters): Rectum and anus, where the place expulsion and stasis of Undigested food takes place.

5. Sukkilavasayam (Reproductive organs): where the place Semen Secretion and storage takes place.

Kosam

They are five in numbers as follows.

1. Annamaya kosam (Physical sheath):

Constituted by seven physical constituents

2. Pranamaya kosam (Respiratory sheath):

Constituted by Pranan and the motor organs.

3. Manomaya kosam (Mental sheath):

Constituted by the mind and the sense organs.

4. Vignanamaya kosam (Intellectual sheath):

Constituted by the intellect and the sense organs.

5. Anandhamaya kosam (Blissful sheath):

Constituted by the Pranan and the subtle body.

Aadharam

1. Mooladharam: Situated at the base of the spinal column between the genital organs and anal orifice.

2. Swadhittanam: Located two fingers above the Moolaadhaaram. It is to be found between the genital and navel region.

3. Manipooragam: Located eight fingers above the swadhittanam. It is encircled by 1008 nerves and is the very root of all the nerves. It is situated at the navel centre.

4. Anagadham : It is situated at the location of the heart, 10 fingers above the manipooragam.

5. Visuthi : It is situated ten fingers above the anagatham. This is located in Throat.

6. Aakkinai : It is situated between the two eye brows.

Mandalam

1. Agni Mandalam : This is located at the place where the prithivi and the appu meet. It is found two fingers above the moolatharam.

2. Gnayiru Mandalam: Located four fingers above the umbilicus. It is found in heart centre.

3. Thingal Mandalam: This lies in the centre of the eyebrows from where emerges brightness like that of millions of moons and stars.

Malam

1. Aanavam : This act marks clarity of thought of knowing power of the soul, yielding to the egocentric consciousness like I am a mine considering everything to be his own.

2. Mayai : This serves as an obstacle by claiming ownership of the property of someone else and inviting troubles.

3. Kanmam : It goes in collusion with the other two, responsible for incurring 'paavam' the sin and 'punniyam' the virtuous deed.

Thodam

1. Vatham - Vayu + Aahayam
2. Pitham - Theyu.
3. Kapham - Appu + Piruthivi.

Eadanai

1. Porul Patru : Affinity to acquire wealth.
2. Pudhalvar Patru : Affinity towards human being.
3. Ulaga Patru : Affinity to retain in the world

Gunam

1. Sathuva gunam

The Grace, control of the five Senses, Wisdom, Penance, Generosity, Excellence, Silence and truthfulness .

2. Rasatha gunam

Enthusiasm, Wisdom, Valour, Virtue, Penance, Offering gifts, Art of learning and Listening.

3. Thamasa gunam

Immorality, Lust, Anger, Killing, Laziness, Violation of Justice, Prolonged Sleep, Gluttonousness Falsehood, forgetfulness and Fraud.

Vinai

1. **Nal vinai:** The good karma that promotes meritorious acts.
2. **Thee vinai:** The evil karma being the sin for committing sinful act.

Ragam

1. Kaamam – Desire.
2. Kurotham – Hat'ed
3. Lopam – Misery
4. Mokam – Infatuation.
5. Madham – Rut
6. Maacharyam – Envy
7. Idumbai – Suffering affliction
8. Agankaram – Ego

Avathai

1. Nanavu:

This state exists between the eye-brows, the four strengths, the five senses, the five actions and the four anthakarnas are active in this state. One is able to experience the pleasures and pains.

2. Kanavu:

Dream state is one in which the five senses and five actions lie dormant at throat.

3. Urakkam:

This is the state in which the anthakaranas are associated with the soul but these things could not be expressed to others and its seat being thorax.

4. Perurakkam:

The ceevathma, along with wisdom lies at the naval region. Here respiration takes place.

5. Uyirppadakkam:

All the fourteen, the senses, actions and Anthakaranas are detached from the ceevathma. The ceevathma deeply immersed in the Mulaathaaram without the awareness of malam (impurity), Mantham (Sloth) Mayai (delusion) and sense of touch.

Muthathukkal

The three basic humours are

1. Vatham
2. Pitham
3. Kabham

Locations and functions of Muththathukkal

Dhosham	Location	Characters	Functions
Vatham	Abanan, faeces, Idakalai, pelvic bone, spermatic cord, skin, nerves, joints, hairs, muscles	Giving briskness, respiration, functioning the body and mind regulation of the 14 urges, functioning of the 7 somatic components, production and strengthening of the five sensory organs	Body pain, Twitching, pricking pain, inflammations, dryness of skin, Hardness of limbs. Astringent taste in the mouth. Traumatic pain, constipation, oliguria, Poercing pain in the bone, blakish discolouration of the skin, stool, urine and conjunctive.
Pitham	Pinkalai, pranan, urinary bladder, moolagni, heart, head, umbilicus, abdomen, stomach ,sweat, saliva, blood, chyle, eye,skin.	Digestion, heat, vision, hunger, thirst, taste, luster, complexion, Intelligence, courage, softness of the body.	Thermostasis, acidity, sweating, dizziness, hemolysis, hemopoiesis, yellowish discolouration of skin, eye, faeces, and urine, anxiety, altered sense of taste as bitter and sour.
Kabham	Samanan, suzhumunai, head, glabella, tongue, uvula, fat, bone, marrow, blood, nose, chest, nerves, bone, brain, colon, eye, joints.	Stability, lubrication, holding together of the joints, ability to cope with hunger, thirst, worry, heat.	Fair complexion, courage, itching, cold, immobility of the joints, pallor skin, indigestion, excessive sleep, sweetness in mouth, discoloured skin, eye, faeces, urine, dullness, heaviness.

Types of Pitham

1. Analapitham

It promotes appetite and helps in digestion.

2. Ranjagapitham

It gives colour to the blood.

3. Piraasagam

It gives complexion to the skin.

4. Aalosagam

It brightens the eyes.

5. Saathagam

It controls the whole body. It has the property of fulfillment.

Types of Kapham

1. Avalambagam

It lies in the lungs, controls the heart and other kapham digestion .

2. Kilethagam

It lies in the stomach, makes the food moist, soft and helps in digestion.

3. Pothagam

It lies in the tongue responsible for identifying taste .

4. Tharpagam

Present in the head and responsible for the coolness of both eyes.

5. Santhigam

Present in the joints responsible for the lubrication and free movement of the joints.

Udal Thathukkal

1. Saaram - Contains nutrients from digested food and nourishes all the tissues, organs and system. Responsible for growth and development. Enriches the blood.

2. Senneer - Responsible for the intellect nourishment strength and valour of the body.

3. Oon - Shapes the body and its organs in accordance with their activity. Nourishes the bones.

4. Kozhuppu - Maintains the lubrication of all tissues and gives energy to the body.

5. Enbu - Supports and protects the organs. Fundamental requirement for posture, movement of the body.

6. Moolai - Fill up the bone spaces. Nourishes the bones and imparts strength.

7. Venneer - Responsible for the propagation of species.

Fourteen Natural Urges

The natural reflexes, excretion, protective and preventive mechanisms are called 14 vegangal.

They are,

- 1. Vatham**
- 2. Thummal**
- 3. Siruneer**
- 4. Malam**
- 5. Kottavi**
- 6. Pasi**
- 7. Neervetkai**
- 8. Erumal**
- 9. Elaippu**
- 10. Thookkam**
- 11. Vaanthi**
- 12. Kanneer**
- 13. Sukkilam or suronitham**
- 14. Suvasam**

The natural urges are the indications of our body functions and they should not be obstructed forcibly.

1. Abanan (flatus air)

If one resists the flatus air completely or partially, he will be inflicted with the diseases of the chest, flatulence, constipation, pricking sensation throughout the body, Vatha Gunmam (acute abdominal pain), Kudal Vatham, loss of appetite and oliguria occur because of diminished digestive fire.

2. Sneezing

Kiruharan vayu which lodges with nose is responsible for sneezing. It causes head ache, pain in the sense organs, facial paralysis and back ache.

3. Urine

If one do not pass urine regularly, it will cause obstruction in the urethral passage, ulceration in the urinary tract, pain in the joints, and genitalia and distension of the lower abdomen, urinary tract infection with ulceration in the genitalia and purulent discharge as mentioned in the text Theraiyar Karisal.

4. Feces

Abana Vayu (downward air) is responsible for defecation. If it is obstructed, its increased quantum pushes the stools. It also causes head ache, pain in the thigh, constipation, discomfort and inability.

5. Yawning

If Yawning is prevented it leads to poor digestion, tiredness and wilt of face. It also leads to metabolic diseases, infections and abdominal pain.

6. Hunger and thirsty

If hunger and thirst are not quenched, they leads to impairment of the functions of vital organs, and causes mental disorders, tiredness and joint pain.

Fasting leads to the destruction of all the seven physical constituents and loss of weight and infectious diseases like tuberculosis.

8. Cough and tiredness (fatigue)

If cough is controlled it leads to violent cough, bad odour in the breath and angina pectoris abdominal pain and tiredness, patient becomes even unconscious.

10. Sleep

If one do not sleep well daily, he may get headache, redness of eyes, impaired speech and hearing.

11. Vomiting

If vomiting is prevented forcibly it leads to urticarial rashes, itching, pallor, eye diseases, Pitha diseases, dyspnoea fever cough etc., and toxic manifestations due to deranged pitham.

12. Tears

Constraint of tears causes head ache, eye diseases sneezing, sinusitis, heart disease etc. It will also cause abdominal gastric ulcer.

13. Semen

If semen is controlled, it leads to fever, oliguria, joint pain, urinary infection, spermatorrhoea, leucorrhoea and chest pain.

14. Breathing

Constraint of proper breathing leads to dyspnoea, cough, distention of abdomen, throbbing pain, colic and anorexia.

Thinaigal

The geographical distribution of the land is classified in to 5 types.

1. Kurinchi - Mountain range.
2. Mullai - Pastoral area of the forest
3. Marutham - The fertile river bed
4. Neithal - Coastal region
5. Palai - Desert

Features of the five regions

1. Kurinchi

Things which grow in this kurinchi land, where diseases prevail, usually have high potency and natural strength. Many diseases like the one that affects the blood and the diseases of the Spleen occur in this region. Kapha diseases also occur here.

2. Mullai

Mullai, the pastoral land of forest is the birth place of many pitha diseases and diseases like abdominal colic and other vatha diseases also occur.

3. Marudham

Marudham, the agricultural land, is fertile with very good water which will drive out the diseases of all the three humors. The nourishing food with all the six tastes never allow such diseases to occur.

4. Neithal

The coastal area the birth place of Salt, is the place for predominant Vatha diseases. It affects the liver and the intestines.

5. Paalai

The arid land (the spoiled land of Kurinchi and Mullai) is the birth place of all the diseases caused by the derangement of Vatham, Pitham and Kapham.

Paruvaakaalangal

Siddhars have classified a year in to six seasons, each consisting of two months.

- | | | |
|---------------------|---|--|
| 1. Kar kalam | - | Aavani-Puratasi (Aug16 th - Oct15 th) |
| 2. Koothir kalam | - | Iypasi-Karthigai (Oct16 th - Dec15 th) |
| 3. Munpani kalam | - | Markazhi-Thai (Dec16 th - Feb15 th) |
| 4. Pinpani kalam | - | Masi-Panguni(Feb16 th -Apr15 th) |
| 5. Elavenir kalam | - | Chithirai-Vaikasi (Apr16 th - Jun15 th) |
| 6. Mudhuvenir kalam | - | Aani-Aadi (Jun 6 th – Agu 15 th) |

Udal Vanmai

Smartness, strength and vitality constitute udal vanmai. It is classified into three types.

1. Iyarkai vanmai - Natural or Congenital physique
2. Seyarkai vanmai - Aquired physique
3. Kaala vanmai - Chronicle physique

Four kinds of body fires

Samaakkini

The digestive fire is called as Samaakkini. This is constituted by Samana Vayu, Anala Pitham and kilethaga Kapham. If they are in normal proportion then it is called as Samaakkini.

Vishamaakkini

Due to deranged and displaced Samana Vayu, it takes a long time for digestion of normal food. The food thus digested becomes toxic.

Deegshaakkini

Due to increased Anala Pitham food is digested faster. It also destroys chyle.

Mandhaakkini

Due to increased kilethaga Kapham food is poorly digested and leads to abdominal pain, distention etc.

SIDDHA PATHOLOGY

The pathogenesis deals with the evolution and process of manifestation of a disease. This process involves a cascade of reactions initiated by the etiological factors, which cause the derangement in the equilibrium of mukkutram, which inturn alters the state of udal thathus. These alterations are manifested as signs and symptoms of those particular diseases.

Causes for diseases

வாதமாலாது மேனிகெடாது - வளர்பித்தத்

தீதலாது சத்தியடாது - சேத்துமத்தின்

கோதமலாது விக்கலெடாது - குடந்தன்னில்

சீதமலாது சுரமும் வராது தீரமாமே

மந்தமலாது வாயுவராது - அனிலபித்தத்

தொந்தமலாது மூலம் வராது - தொடர்வாத

பந்தமலாது குன்மம் வராது - பகர்பித்த

விந்தையலாது மேகம் வராது - தீரமாமே

அசீரணம் மன்றிச் சுரம் வராது - திரிதோடக்

காரணமின்றிச் சன்னி வராது - கபமான

நீரதுவுமின்றி சோபை வராது - நெடுவாதச்

சார்பதுவுமின்றிச் சூலைவராது - தவறாதே

அபத்தியமின்றித் தோடவிகாரமு - மணுகாது

அபத்தியமின்றி ஓளடதினீனமு - மணுகாது

கபத்தியனையன்றி காசசுவாசமுங் - காணாது

கபத்தியனையன்றி வியர்வை குளிர்ச்சி - வரா தே

- தேரர்சேகரப்பா

Importance of Diagnosis is stated in Sikitcha Rathna Deepam as,

“மதித்திடற் கருமை வாய்ந்த

மாண் பரிகார மெல்லாந்

துதித்திட வுணர்ந்தா னேனுந்

துகளறப் பிணியின் றன்மை

பதித்திட வுண ரானாகிற்

பயனுறானா காலானே

விதித்திடு பிணித்திறத்தை

விளம்புது முதற்கண்மன்னோ”

- சிகிச்சாரத்ன தீபம்

In **Sikitcha Rathna Deepam**, the author defining, a physician must have a clear cut knowledge about the causative factors, normal physiological changes, pathological changes, nature of its presentation and prognosis of the disease before treating the patient otherwise it will be a erroneous. Diagnosis of disease is chiefly arrived though the examination of patient by Envagai thervugal. Treatment in siddha medicine is aimed at keeping the thodam in equilibrium and maintenance of seven thathus .So, proper diet,

medicine, adjuvant and a regimen of like are advised for a healthy living and to restore equilibrium of thodam (diseased condition).

QUANTITATIVE CHANGES OF UYIR THATHUKKAL

Humour	Increased	Decreased
Vatham	Wasting, blackish discoloration, affinity on hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, giddiness, brisklessness.	Body pain, feeble voice, diminished capability of the brain, decreased intellectual quotient, syncope, increased kabha condition.
Pitham	Yellish discoloration of conjunctiva, skin, urine and faeces, polyphagia, polydypsia, burning sensation all over the body, deceased sleep.	Loss of appetite, cold, pallor, features of increased kabham.
Kabham	Loss of appetite, excessive salivation, diminished activity, heaviness, palloriness, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive sleep.	Giddiness, dryness of the joints and prominence of bones. Profuse sweating in the hair follicles, palpitation of the heart.

UDAL THATHUKKAL

They are the basic principles which constitute the entire body.

S.No	Udal kattukkal	Increased features	Decreased features
1.	Saaram	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive sleep.	Dryness of skin, tiredness, loss of weight, lassitude, irritability while hearing heavy noise.
2.	Senneer	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy, jaundice.	Affinity to sour and cold food, nervous, debility, dryness, pallor.
3.	Oon	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, abdomen, thigh, genitalia.	Lethargic sense organs, pain in the joints, muscle wasting in mandibular region, gluteal region, penis, thighs.
4.	Kozhuppu	Identical feature of increased oon, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external genitalia, chest, abdomen thighs.	Loin pain, splenomegaly, emaciation.
5.	Enbu	Excessive ossification and dentition.	Joint pain, falling of teeth, falling and splitting of hairs and nails.
6.	Moolai	Heaviness of body and eye, swollen interphalangeal joints, oligurai, non-healing ulcers.	Osteoporosis, Blurred vision.
7.	Sukkilam (or) Suronitham	Increased sexual activity, urinary calculi.	Dripping of sukkilam/suronitham or senner during coitus, pricking pain in the testis, inflamed and contused external genitalia.

PARUVAKALANGAL

S.no	Kalam	Kuttram	State of Kuttram
1.	Kar kalam (Aavani - Puratasi) (Aug 16 - Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Vettrunilai Valarchi Thannilai Valarchi Thannilai Adaithal
2.	Koothir kalam (Iypasi-Karthigai) (Oct 16 - Dec 15)	Vatham (--) Pitham ↑↑ Kabam (--)	Thannilai Adaithal Vettrunilai Valarchi Thannilai Adaithal
3.	Munpani kalam (Markazhi-Thai) (Dec 16 - Feb 15)	Vatham (--) Pitham (--) Kabam (--)	Thannilai Adaithal Thannilai Adaithal Thannilai Adaithal
4.	Pinpani kalam (Masi-Panguni) (Feb 16 - Apr 15)	Vatham (--) Pitham (--) Kabam ↑	Thannilai Adaithal Thannilai Adaithal Thannilai Valarchi
5.	Elavenir kalam (Chithirai-Vaikasi) (Apr 16 - Jun 15)	Vatham (--) Pitham (--) Kabam ↑↑	Vettrunilai Valarchi Thannilai Adaithal Vettrunilai Valarchi
6.	Mudhuvenir kalam (Aani-Aadi) (Jun 16 - Aug 15)	Vatham ↑ Kabam (--)	Thannilai Valarchi Thannilai Adaithal

↑ Thannilai Valarchi

↑↑ Vettrunilai Valarchi

(--) Thannilai Adaithal

THINAI

S.No	Thinaigal	Land	Humours
1.	Kurinchi	Mountain and its surroundings	Kabham
2.	Mullai	Forest and its surroundings	Pitham
3.	Marutham	Farm lands and its surroundings	All three humours are in equilibrium=
4.	Neithal	Sea and its surroundings	Vatham
5.	Palai	Desert and its surroundings	All three humours are affected.

FOOD HABITS

Food habits and daily activities of an individual play major role in causing disease. This is known by the following verses.

“உணவே மருந்து மருந்தே உணவு”

Food mainly contains six tastes, sweet, salt, sour, bitter, pungent and astringent which are made up of by addition of pancha poothams.

இனிப்பு - மண் + நீர்

புளிப்பு - மண் + தீ

உப்பு - நீர் + தீ

கைப்பு - காற்று + விண்

கார்ப்பு - காற்று + தீ

துவர்ப்பு - மண் + காற்று

If abnormal proportion of food has taken, the pancha poothams of body will get alter and the level of three thathus results in a disease.

ENVAGAI THERVUGAL

Envai thervu or 8 types of diagnostic method is the speciality of siddha system of medicine.

“அன்பான சாத்திரங்களறிய வேண்டும்

அன்பான நாடிதனைப் பிடிக்க வேண்டும்

குன்றான மலை போன்ற நாடியெல்லாம்

குறிப்புடன் அசாத்தியமுஞ் சாத்தியமுங் கண்டு

தன்றான அட்டவித பரிட்சை கண்டு
தக்கான குணங்குறிகள் யாவும் தேர்ந்து
பன்றான வாகடத்தின் நுணுக்கம் பார்த்து
வளமாக பிணியதனைத் தீர்ப்போர் தாமே”

- Yugi Vaithiya Chinthamani

According to **Yugi Vaithiya Chinthamani**, Envagai thervu is the essential parameter to arrive accurate diagnosis.

Agathiyar mentioned the following as the tools for diagnosis.

“நீடிய விழியினாலும் நின்றநாக் குறிப்பினாலும்
வாடிய மேனியினாலும் மலமொடு நீரினாலும்
சூடிய வியாதிதன்னை சுகம்பெற அறிந்து”

- அகத்தியர்

1. Vizhi
2. Naa
3. Mei
4. Malam
5. Moothiram

The Envagai thervugal are,

“நாடி ஸ்பரிசம் நாநிறம் மொழி விழி
மலம் மூத்திரமிவை மருந்துவராயுதம்”

1. Naadi
2. Sparism
3. Naa
4. Niram
5. Mozhi
6. Vizhi
7. Malam
8. Moothiram

Naadi

Naadi is responsible for existence of life. It can be felt at one inch below the wrist on the radial artery by means of palpation with the tip of index, middle and ring finger corresponding to vatham, pitham and kabham.

These vatham, pitham and kabham exist in the ratio 1: ½: ¼ normally. Derangement of this ratio leads to various disease entities.

Sparism

Skin examination can be made out by inspection and touch and it reveals about changes in the normal physiology such as the warmth ness, carbuncles, boils, eruptions, hemorrhages, trophic changes, chillness, dry, weeping skin, rough, smooth, soft, hard, tenderness, presence of ulcers, fissures, swelling, wrinkles, hair, pigmentation, scars, external mass in the anus, nail changes, sweat, lymph gland.

Naa

Colour, shape, size, tooth, gums, ulcers, dryness, thickness, tooth impressions, coating, fissures, growth surfaces, taste sensation, salivary secretions, type of speech, deviation of tongue, mouth deviation and tumours are noted in this examination.

Niram

Vatha type	-	Black colour
Pitha type	-	yellow colour
Kabha type	-	White colour
Thontha type	-	Mixed colours,

cyanosis, palloriness, yellowish discolouration can be studied by means of niram.

Mozhi

It constitutes high, low pitched voice, slurring and incoherent speech, nasal speech, hoarseness of voice, sounds produced by vocal cord and also from respiratory tract are noticed .

Vizhi

Type of colour , pallor ness, chillness, swelling, eyelid swelling, hair falling, peelai saral, ulcer in the conjunctiva, pupil and cornea, Vision,

movements of eye lids, eye balls, dryness, contractions, congenital defects, burning sensation of eyes, lacrimation, irritation, colour changes, 96 eye diseases are also noticed.

Malam

- Vatha type - Black colour stools with constipation
- Pitha type - Loose stools with yellowish red colour
- Kabha type - White coloured stools with mucous
- Thontha type- Stools possess some of the features of 2 doshas.

Other examinations like diarrhoea, presence of blood, bacteria, undigested matter in stools and odour should be noted

Moothiram

It consists of Neerkuri (niram, manam, edai, nurai and enjal) and Neikuri.

Neerkuri

- Niram - Indicates colour of urine voided
- Manam - Indicates the smell of urine voided
- Edai - Indicates the specific gravity of urine voided
- Nurai - Indicates the frothy nature of urine voided
- Enjal - Indicates the quantity of urine voided.

Neikuri

“அருந்து மாறிரதமும் அவிரோ தமதாய்
அஃகல் அலர்தல் அகாலவூண் தவிர்ந்தழற்
குற்றள வருந்தி உறங்கி வைகறை
ஆடிக் கலசத் தாவியே காதுபெய்
தொரு முகூர்த்தக் கலைக்குட் படுநீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”

- தேரையர்

Method

Prior to the day of urine examination the patient was advised to take a balanced diet and the quantity of food must be proportionate to his appetite and should have a good sleep. The very first urine of the patient is collected in a glass container. The colour of the urine is noted.

The urine specimen is kept open, the glass dish being exposed well to bright light. But should not be disturbed by the movement of the urine. Then add one drop of gingili oil by a glass rod. Observe keenly the position and spreading of the oil drop.

- In vatha disease, oil spreads like a snake.
- In pitha disease, oil spreads like a ring.
- In kabha disease oil spreads like a pearl.

- In thontha disease, oil spreads like conjunction of above any two.
- Mukkuttra neer, when the drop of oil is immersed in to the urine. It indicates mukkuttra neer.

Though the urine should be examined only in the morning, during emergency it may be done in any time.

AIM AND OBJECTIVES

According to **Yugi Vaithiya Sinthamani** there are forty two types of Pitha diseases. Pitha disease can occur anywhere in the body. Moolam is the disease occurring in and around the anal region. Pitha disease occurring in the anal region is called **Moolapitham**.

Moolam is defined as external mass with pain, burning sensation in the anal region. Pitha diseases have the symptoms of burning sensation , itching all over the body, sweating, bitterness taste in the tongue, sialagogue, nausea, giddiness, burning micturition and pallor or yellowish colouration of the body. In **Moolapitham**, pitham is predominantly deranged. So it is classified under the pitha diseases.

Siddhar **Theraiyar** has stated that,

“அனில பித்த தொந்த மலாது மூலம் வராது”

- தேரர் சேகரப்பா

As per the above quotation, Moolam is caused predominantly by pitha humour and this pitha humour may combine with any one of the other two humours and will make the **Moolapitham** worst.

Moolam is extremely common lesion affect about 5% of general population and develop in the setting of persistently elevated venous pressure with in the hemorrhoidal plexus. They suffered by changing their routine works and food habits, occupational also.

They kept as a secret disease and didn't mind about their illness till it could not cause any harmful effects to them.

From ancient life to modern life itself the person who has suffered by Moolam hesitates and refuses to take proper treatment because of their site of occurrence. They are not come forward to cure.

Except for pregnant women, these diseases are rarely encountered in person under the age of 30. In our siddha system, age above 33 is mentioned as a '**Pithakaalam**'.

In our siddha system, ancient philosophers classified the disease perfectly. They stated the Moola Noi under the '**Astamaga rogangal**', hence I have choosed the disease from "**Yugi Vaithiya chinthamani**".

“வாதமுடனே வலிய கல்லடைப்பு

குட்டமே மகோதரம் பகந்திரம்

மூலரோகம் கிராணி ரோக

எனுமிவை அட்ட மகாரோகங்கள்”

- பொருட்தொகை நிகண்டு.

Primary Aim

The main aim of the present study is to access the disgnostic ability of **Moolapitham** through Envagai thervu, Manikkadai Nool, Nilam, Kaalam and Sothidam. **Moolapitham** is a disease indicated in 'Yugimunivar Vaithiya Shindhamani'-800 under the classification of pitha diseases.

This study was undertaken in 30 selected cases of both male and female in the OPD/IPD of AyothiDoss Pandithar Hospital of the Natinal Institute of Siddha.

This dissertation work includes literary and the diagnostic studies on the aetiology, Pathogenesis (nadi nadai), Pathology, clinical features on the basis of our siddha system.

A statistical account of the patients with references to incidence, age, sex, food habits etc. was also brought out in the study.

Secondary Aim

1. To elicit the causes.
2. To make a precise diagnosis.
3. To know about the vitiation of Muthathukkal.
4. To find out the changes that occurs in the Udal thathukkal.

REVIEW OF LITERATURE

Moolam in siddha, means the area Moolaatharam or the root. Moolaatharam has been given maximum importance in siddha system as it is the energy producing centre of the body, the Kundalini. Although there are other aatharams in the body, this area is said to be the foremost energy centre. This is explained as follows,

“பாங்கான குண்டலிக்குள் மூலமொன்று

பாரப்பா கண்டத்தில் மூலமொன்று

போங்கான புருவமைய மூலமொன்று

புகழான விந்துவிலே மூலமொன்று

வாங்கான சத்தியிலே மூலமொன்று

மருவிநின்ற பராபரத்தில் மூலமொன்று

தேங்காம லிதையாறுங் கண்டஞானி

சேர்ந்துநின்ற மும்மூல யோகியாமே”

-சட்டை முனிஞானம்

This verse stands as an evidence to mark the importance of moolaathaaram, among other Aathaarams namely, Swathittanam, Manipooragam, Anaagatham, Vishuthi, and Aagkinai.

Moolaathaaram is situated in the akkini mandalam and Vaatha area that is below the navel. The Kanmenthirium involved here is Eruvai. Vatha area is more kinetic (due to Vayu) and having thermal energies (due to Theyu) to facilitate the

normal acts of micturition, defaecation, parturition. The bootham involved is Neer bootham.

Vayu and Aahaayam together constitute Vaatham. Vaatham in the body manifests as ten types. In this types abanan, pranan and dhevathathan are directly concerned with moolaathaaram. Abaanan is a Vayu having theyu bootham in its structure. In relation to malaasayam it effectively expels faeces.

Piraana Vayu takes its course via moolaathaaram and it takes Saaram, and disperses to all the tissues of the body in addition to its main function of respiration. Dhevathathan relates the mental state of a human being. It normally resides in the rectum and is responsible for anxiety, anger, quarrelling and laziness.

Udal Koorugal Aspect

The Udal koorugal aspect of the gastro intestinal tract and particularly that of rectum described in Siddha text are as follows. The total length of the gastro intestinal tract is thirty two muzham.

The continuous peristalsis is mentioned as “அடைவாடி நிற்குமடா குடலில் தானும்”. The spindle like shape of the intestine occurring during peristalsis and the taeniae in the large intestine are known as “Arai”. These are 1008 in number. They look like Kumizhl i.e. bubble like masses in a long tunnel. These structures are controlled by the six chakras and the guru naadi.

In the pelvic region the adjacent related organ is the urinary bladder which lies left, whereas large intestine lies to the right. In the moolaathaara area, the large intestine is to

function normally in association with other systems in the region particularly related to vayus vairavan and sangini. Irai, kirumi, and puzhukkal are situated in the large intestine. This relates to micro organisms and parasites.

In the lower most regions, i.e. the anal canal there is a special apparatus to open and close the canal whenever necessary. This is mentioned as “Thaazhpaazh”. This relates to the anal sphincters at the end of anal canal.

These things are mentined in the verse as follows,

“கூறவே முப்பத்திரண்டு முழம் குடல்தானும்
முறையாக ஆயிரத்து எட்டு அறையுமாகும்
அறையென்றால் நுரையதுபோல் குமிழியாக
அடைவாடி நிற்குமடா குடலில் தானும்
கம்பத்தி லறையிட்டாப் போலே யந்த
கருங்குடலில் இதளைவும் ஆயிரத்தி எட்டு
ஆதாரம் ஆறுக்கும் குருநாடிக்கும்
அறை அறையாய் குடலணை போல் நின்று
அறையாக இடப்பக்கம் கலப்பைக்குள்ளே
வலப்பாகம் குடல்நாளம் சங்கி னோடே
வைரவனும் சங்கினியும் அங்கே நின்று
பலிக்குமடா சங்கதையும் உறவாடி சுழியில்வந்து
அங்கு நிற்கும் மூலத்தில் குழல் தானென்ற
ஒளிவான அக்குழல்தா னறையும் பூட்டி

கதவில் தாப்பாளிட் டோப்போ லடைப்பட்டாப்போல்

அடவாக அதன் வழியாய் மலம் தான் போகும்

அங்கவர்கள் துண்டுகுடல் நாளத்தோடே

சோடான அக்குழலில் அறைகள் தோன்றும்

சொகுசான கிருமியிரை புழுக்களெல்லாம்

ஈக்கள் மொய்த்தாப் போல யந்த நரம்பில் சுற்றி

இருக்குமடா எந்திரத்தில் கருவி பாசம்”

- Therayar Naramba Soothiram

MOOLA PITHAM

In our siddha system, most of the Siddhars speaks about the Moolam. Moola Noigal are diseases that occur in and around the moolaathaaram. They include a wide variety of anorectal diseases. They are also called Adimulai Noi, Arippunoi and mulai noigal.

From it's name itself we can understand it's special characteristics i.e. Moolam with Pitha derangements.

As per Yugi vaithya chinthamani, there are forty two types of pitha diseases. Pitha disease can occur anywhere in the body. Pitha disease occurring in the anal region is called Moolapitham.

Moolam is defined as pain and irritation in the anal region with or without external growth. Pitha disease has the Symptoms of burning sensation in the eyes and all over the body, bitterness in the tongue, increased salivary secretion,

giddiness, burning micturition and palloriness or yellowish colour of the body. In Moolapitham, pitham is predominantly deranged. So it comes under the pitha diseases.

Yugi vaidhya chinthamani describes forty two types of pitha diseases, of which **Moolapitham** is one among them. The verse is,

“நாடினேன் பித்தத்தின் பெயரைத்தானும்

நாற்பத்தி ரண்டான குணாகு ணங்கள்

ஆட்டினே னாவுருபித் தம் தன் னோடு

அமலகபித் தம்உன் மாத பித்தம்

தாட்டினேன் தமந்தபித்தம் வாத பித்தம்

நனித்ததோர் வன்னிபித்தஞ் சேட்பபித்தம்

தூட்டினேன் சுரோணித பித்தம் விகார பித்தம்

துடியான பிரணபித்தந் தொகையைக் கேளே

துகையான வரத்தபித்த மரித்த பித்தன்

சுழிகாசப் பித்தமோடு சுவாசப் பித்தம்

வகையான அரத்தபித்த மிரத்த பித்தஞ்

சுழிகாசப் பித்தமோடு சுவாசப் பித்தம்

வகையான சேட்ப பித்தங் கரும்பித் தந்தான்

மாகரப்பான் பித்தட சீர்ண பித்தம்

அகையான வருசி பித்தந் தான்

அழல்மெரிவித்தன்பித்தந்மோடி பித்தவிம்பித்தந்தான்

முகையான அதிசாரப் பித்தந் தானும்

மூலபித்த முதரபித்த முறைமை யாமே,

முறைமையாங் கண்டபித்த மோடு பித்தம்

மூடுபித்த நடுக்குபித்தங் கபால பித்தம்

தறமையாஞ் சத்திபித்தந் தாக பித்தம்

தருக்கான விக்கல் பித்தம் க்ஷயபித் தந்தான்

திறமையாந் திமிர்பித்தம் வலிபித்த மோடு

சீதபித்தங் கிருமிபித்த மசாத்ய பித்தம்

மறமையாம் மார்க்க பித்த மருத்தீடு பித்தம்

வகையது நாற்பத்திரண்டு மகிழ்ந்துபாரே,

யூகிவைத்திய சிந்தாமணி

42 Types are,

- | | |
|---------------------|------------------------|
| 1. Aavuru pitham | 22. Thudi pitham |
| 2. Aambal pitham | 23. Visha pitham |
| 3. Unmaththa pitham | 24. Athisara pitham |
| 4. Thamandha pitham | 25. Moolapitham |
| 5. Vatha pitham | 26. Uthir pitham |
| 6. Vanni pitham | 27. Kanda pitham |
| 7. Siletma pitham | 28. Odu pitham |
| 8. Suronitha pitham | 29. Moodu pitham |
| 9. Vikara pitham | 30. Nadukku pitham |

- | | |
|-------------------------------|------------------------|
| 10. Virana pitham | 31. Kabala pitham |
| 11. Uraththapithavatha pitham | 32. Saththi pitham |
| 12. Raktha pitham | 33. Dhaaga pitham |
| 13. Kasa pitham | 34. Vikkal pitham |
| 14. Swasa pitham | 35. Saya pitham |
| 15. Saetpa pitham | 36. Thimir pitham |
| 16. Karum pitham | 37. Vali pitham |
| 17. Karappan pitham | 38. Seetha pitham |
| 18. Aseerana pitham | 39. Kirumi pitham |
| 19. Uroosi pitham | 40. Asathya pitham |
| 20. Eri pitham | 41. Maarga pitham |
| 21. Azhal pitham | 42. Maruntheedu pitham |

According to the literature of **Yugi vaithiya chinthamani**, **Moolapitham** has been stated as,

“சாரமாய் வயிறிரைந்து பேதியாகும்
 சலிப்பான கோபமாய்த் தடுமாறாடும்
 கோரமான மூலத்தில் முளையுங் காணும்
 குறங்கினோ டடித் தொடையுங் கடுப்புமுண்டாம்
 சோரமா வுடல்வெளுத்து சோபையாகும்
 தூக்கமே மிகமிஞ்சிச் சோம்பலாகும்
 காரமாய்க் கண்ணுந்தான் கரிச்சலுண்டாம்
 கனமூலபித்தத்தின் காட்சியாமே”

- பாடல் எண் 373

யூகி வைத்திய சிந்தாமணி,

The **Moolapitham** has the following symptoms,

1. Flatulance with diarrhea.
2. Hat'red.
3. Excited with anger.
4. External mass in the anus.
5. Cramping pain in the posterior aspect of the thigh.
6. Pallor ness.
7. Edema.
8. Drowsiness.
9. Sluggish ness.
10. Burning sensation in the eyes.

Moola azhal according to Dhanvandhari Vaithiyam Ist part

“குத்திடுங்குறுக்கில்நோவுங் குளிர்ந்துழைந் திருக்குந்தேகம்
பத்திய வசனங் கொண்டாற் பாகமாய்ச் செரியாதாகும்
ஒத்ததோர் மூலந்தண்ணி லுழைவுடன் கடுப்புத்தோன்றும்
புத்தியிலறிவர் மூலப் பித்ததித்தின் புதுமைதானே”

-தன்வந்தரி வைத்தியம் முதல் பாகம்

Though, **Moolapitham** is classified in the Yugi Vaithiya Chinthamani,
Thanvandhari also classified **Moola azhal** with the following symptoms.

- Pricking pain in the hip region.
- Chillness and tiredness of body.
- Indigestion.
- Irritation in the anal region.

A VIEW ON MOOLA NOIGAL

Moola Noigal are diseases that occur in and around the moolaathaaram. They include a wide variety of anorectal diseases. They are also called Adimulai Noi, Arippunoi and mulai noigal.

Noi varum vazhi

Yugi munivar elaborately describes the various causes for all Moola Noigal. Although the text does not mention Causes Separately for each types, collectively within two versus it deals psychological, Karmas, intrinsic and extrinsic factors of aetiology for all Moola Noigal. With this and other Siddha texts we can say the causes of the diseases as,

1. Karmas and psychological Causes
2. Due to inappropriate diets and acts
3. Due to maintaining wrong postures in Yogasanas

1. The Karmas and psychological causes include,

• According to Yugi Vaidhya Chinthamani

“முனையாக மூத்தோரை வைதலாலும்

மோசங்கள் பண்ணியே கற்பழித்தும்

நினைவாக நினைவிலொன்றும் வாக்கிலொன்றும்

நேர்ந்தபடி சொல்லுகின்ற நீட்டு

பனையாக பரதேசி பந்துவானோர்

பசித்திருக்க உண்டதோர் பாதகர்க்கும்

தனையாகச் சமாதானன் தவிர்க்கின்றோர்க்கும்

சண்டாள மூலம் வந்து சனிக் குந்தானே”

-யூகி வைத்திய சிந்தாமணி

- i) Chiding the elders
- ii) Doing harm to others
- iii) Indulging in Rape
- iv) Thinking of doing harm in the mind but saying sweet words in front
- v) Living a luxurious life when neighbours and relatives are in hunger.
- vi) Always quarrelling with others .

As per **Yugi Vaidhya Chinthamani** these causes basically vitiate the piththam and latter causes derangement of Vaatham and eventually leads to Moolam.

- **According to Agasthiyar Kanmakandam**

“நீங்காத மூலநோய் கன்மத்தாலே

நிலைகெட்ட அபானத்தில் நெருப்போமீறி

வாக்காலே அபானத்தின் வாசல் தன்னில்

வந்து முளை மேகத்தால் சூட்டால் காணும்

தாக்கோலா லடைத்தாய் போல வாயுநின்று

தன்மையுள்ள மலமதனை வரட்டி தீய்த்தும்

பேய்க்கோலம் பண்ணுமடா மூலரோகம்

பேரான பழவினைக ளின்னங் கேளே”

- அகத்தியர் கன்ம காண்டம்

Moolam is a Karma disease. Karma theory is based on the belief that one is not dissociated from the fruits of the actions if his previous births.

2. The other intrinsic causes of inappropriate diet and acts

- According to Agasthiyar

“மூலமிறைச்சிதானு முதிரவே தின்கையாலும்

பாலுடனினிய கண்டில் பரந்துடன் தின்கையாலுஞ்

சாலநெய் புசிக்கையாலுந் தையலார் வேட்கையாலு

மாலகேர் விழியினாளே ! ஆகிய வரட்சியாமே

வேகமாந் திரவியங்கள் மிகுகையால் வற்கையாலும்

சாகமாய் கொமட்டிக் காய்த்தாவை ருண்கையாலும்

காகிய பன்றி மாங்கிஷட் கடுந்தினி துண்கையாலும்

நீதியிற்றறியா தோங்கி நிரந்தர மிருகையாலு

போதிய பகற்கண் தூங்கி யுயர்ந்திடு மூலந்தானே”

- அகத்தியர் 2000

- According Yugi Vaithiya Chinthamani

“தத்தையா மதிகமாங் குளிரினாலும்

தரியாத வழற்சியாற் கிரந்தி யாலும்

புத்தையாம் பொருந்தாத உஷ்ணத் தாலும்

புணர்ச்சியாய்க் கோபத்தாற் சலிப்பினாலும்
கத்தையாம் வெகுகாமம் வேண்ட லாலும்
கடிமை முப்பாலுங் காரத்தாலும்
மொத்தையாம் வெகுதனங்கள் போனதாலும்
மூலம்வந் துற்பத்தி முனையுங் தானே”

-Yugi Vaithya chinthamani

Due to above, the Vali humour especially abanavayu is predominantly vitiated. Constipation or loose motion occurs and finally results in moolam.

- i) Exposure to excessive heat and sun.
- ii) Riding for prolonged period.
- iii) Excessive heat in the body itself due to sexually transmitted diseases.
- iv) Indulging excessive in sexual act.
- v) Consuming foods with pungent, sour and salty tastes excessively.

Here **yugi munivar** suggest two more psychological causes. They include

- i) Always having an angry mood
- ii) Anxiety and depression³

3. Maintaining wrong yogic postures

During practice of Yogasanas maintaing prolonged sitting and straining postures predispose to Vitiate Vaatham, Piththam and moolaakkini leading to Moola Noigal.

Types of Moola Noigal

Moolam has been classified into various types by different authors. Some of the types described below.

1. **Agasthiyar paripooranam** describes nine types of Moolam (Nava moolam). The types are,

1. Ul moolam
2. Pura moolam
3. Raththa moolam
4. Seezh moolam
5. Mulai Moolam
6. Moola paandu
7. Vali moolam
8. Azhal moolam
9. Aiya moolam

2. In **Vaidhya saara Sangiragam** and **Aaviyalikkum Amutha murai Churukkam** classified the Moola noi as **Agasthiyar paripooranam**.

3. **Therayar** describes ten types of Moola Noigal.

“சீயொழு கியதுகபு ணீரொழுகியது பவி
வியொருகியந்த லோயாழு கியத்த னேயொரு கியதுதசைக்
காயொழுகிய தழு மோரொழுகிய தடர் காலொழு கியதுமுளை
யேயொழு கியதிவை மூலம்தாய்நெறி யேர்பெறு மார்பஃதே”

- தேரையர் சேகரப்பா.

- பாடல் எண் 253.

10 types are,

1. Seezh Moolam
2. Pun Moolam
3. Thee Moolam
4. Neer Moolam
- 5. Mulai Moolam**
6. Sathai Moolam
7. Kaduppu Moolam
8. Veluppu Moolam
9. Kattru Moolam
10. Perumulai moolam

4. In Anubhava Vaidhya deva Ragasiyam, Moolam is classified into 6 types.

1. Vaatha Moolam
2. Piththa Moolam
3. Silethuma Moolam
4. Thontha Moolam
5. Thrithoda Moolam
6. Raktha Moolam

5. In Jeeva Rakshamirtham, Moolam is classified in to 4 types. It doesn't classify in the basis of mukutra theory rather it is classified on the basis of or hereditary etc.

The four types are,

1. Sagasa Moolam
2. Uththarasa Moolam
3. Shutka Moolam
4. Aarthira Moolam

6. Cega Rasa Kesaram Classified moolam into twenty types.

20 types are,

1. Vaatha Moolam
2. Piththam Moolam
3. Kaba Moolam
4. Vaatha piththa Moolam
5. Piththa Vatha Moolam
6. Piththa Silethuma Moolam
7. Seeda Moolam
8. Sada Moolam
9. Sileththuma Vaatha Moolam
10. Ul Moolam
11. Ularthu Moolam
12. Athisara sura Moolam
13. Thosa Thontha Moolam
14. Vaatha Raththa Moolam
15. Vaatha Kerpa Moolam

16. Piththa Vaatha thontha
17. Piththa Silethuma Moolam
18. Kanda Moolam
19. Rakththa Moolam
20. Serpa Moolam

Other literature reviews

1. According to Thirumoolar karukkidai Vaidhyam – 600

- காயத்தில் மூலரோகம்
கண்டிடும் விதங்கள் கேளாய்
பாயொத்த பசியில்லாமல்
பட்சிக்கில் அடக்கில்வாயு
மாயத்தில் இருந்திக்கொண்டு
மலமதை அடக்கும் போதும்
ஓயத்த குண்டலிக்குள்
உட்புகும் வாயு காணே.

காணப்பா வாயு வாலும்
கனத் தந்த அபானன் தன்னை
பூணப்பா மலத்தைக் கட்டிப்
புகையெனக் கறுக்கிநாளும்
தோணப்பா முளையைப் போலச்
சுருக்குமுன் மலந்தான் வீழில்
ஆணப்பா அபானந் தன்னை
அமுந்தவே இறுக்கும் பாரே.

- அகத்தியர் வைத்திய காவியம் - 1500
- திருமூலர் கருக்கிடை வைத்தியம் - 600

Thirumoolar karukkidai Vaidhyam - 600 describes the pathology of Moolapitham. Suppression of appetite and defaecation leads to derangement of Vayu. This Vayu enters into kundalini. Here, the Vayu combines with theyu and causes formation of moola Mulaigal, when excess Vayu exerts pressure in them, and they produce excess mass on straining i.e. while defaecation.

So whatever may be the aetiological factor in Moolapitham, the basically affected boothams are Vayu, Theyu. This causes pathological changes in other thatthuvams such as seven thaathus, Udal thee and in malam to give rise to the symptoms of **Moolapitham**.

- “மூலமே எழுந்தபோது

மூலத்தில் கனல்தான் மாளும்

மூலமே எழுந்தபோது

முளைவிந்து நாசமாகும்

மூலமே எழுந்தபோது

முழங்கவே இரைச்சலாகும்

மூலமே எழுந்த போது

முகிவில்லாக் கழிச்சல் தானே”.

- திருமூலர் கருக்கிடை வைத்தியம் - 600

Vitiated Vayu gives consistency and dark colour to the faeces. This leads to constipation. In addition to this there is increased moolaakkini, derangement of spermatogenesis, borborygmus and diarrhoea. These symptoms occur before the actual disease symptoms sets in.

2. According to Theraiyar Sekarappa

“கொடிய பொல்லாத மூல குணத்தை

யென் சொல்வேன் பாந்த

றியினி லொடுங்கு மாறே

யெவரையுங் கசங்கச் செய்து

குடிகெடுமாறு செய்யுங்

கொண்டவ ராயுட் செய்து

முடிவத னாலே யென்று

மொழிந்தனர் தழைந்த நூலோர்”

- தேரையர் சேகரப்பா

Moola Noi is an irritating cruel disorder of human being and the affected persons looks like an ‘afraid serpent due to heavy thunder’.

3. According to Agasthiyar Gunavagadam

“போமடா மூலரோகந் தன்னைக் கேளு

புகழாக ஆசனத்தின் ஓரமாக

ஓமடா முளைகளைப் போல் காணுகின்ற

உள்ளதொரு வியாதிக்கு மூல மென்பார்

ஆமடா இதனுடைய விவரங்கேளு

நாளமென்ற ரத்த நரம்பு அப்பா

ஏரடா பெருத்து அதை சனிச்சவ்வு தானும்

உள்ளபடி மூடிக் கொண்டிருக்கும் பாரே.

பாரடா வெளிமூலம் உருண்டு கொண்டு

பக்குவமாய் கெட்டியா யாசனத்தின்

கூறடா ஓரமா யிருக்கும் பாரு

கொத்தவனே இன்னமொரு விதந்தா னுண்டு

சீரடா நீண்ட மேடாய் ஆசனத்தில்

சிறப்பாக வெளியில்தான் தோன்றுஞ் சொன்னேன்

காரடா இதில் ரெண்டு விதமேயுண்டு

கனமான ஒரு விதந்தான் சொல்லக்கேளே

சொல்லுகிறேன் மூலத்தின் காத்திரந்தான்

சொகுசாகத் தக்கபடி சங்கடமே காட்டும்

மல்லுகின்ற மலமிறங்கும் போது அப்பா

மகத்தான் வேதனையே காட்டும்பாரு

தொல்லுலகில் வெளிக்குவரும் பளுவாய்க் காட்டும்

தோகையர்க்கு மிப்படியே இருக்குஞ் சொன்னேன்

அல்லல்செய்யு மின்னமொரு விதத்தைக்கேளு

அப்பனே நமைச்சலுடன் குத்தலுண்டே

உண்டான வேளைதனி லின்னங்கேளு

உத்தமேன உஷ்ணமுடன் வேதனையே செய்யும்

நண்டான அடைப் புண்டாம் ஆசனத்தில்

நலமான ஒருவஸ்து இருப்பதுவேபோல்

பண்டாகத் தோன்றுமடா மாந்தருக்கு

பாரினிமேல் மலமிறங்கும் வேளைதன்னில்

செண்டாக முக்கலுடன் வேதனையே காட்டும்

செயலாக இதற்கொரு உபாயங்கேளு.

- அகத்தியர் குணவாகடம்

Naadi

Naadi Pareetchai or pulse reading reflects humour involved and inturn the disease also. Out of ten areas of naadi pareetchai, radial pulse reading is convenient to detect the accurate humour involvement.

1. According to sathaga Naadi

“வாதமெனும் நாடியது தோன்றில்

சீதமந்தமொடு வயிறுபொருமல் திரட்சி வாய்வு

சீதமுறுங் கிராணி மகோதரம் நீராமை

திரள்வாய்வு சூலை வலிகடுப்புத் தீரை

நீதமுறுங் கிருமிகுன்மம் அண்ட வாதம்

நிலையுநீர்க் கிரிச்சரங்கள் தந்து மேகம்

பேதகமா முதரப்பிணி மூல ரோகம்

பேச வெகு பிணிகளுமே பொருளதாமே”

- சதகநாடி

2. According to Gunavagada Noin Saaram, Vatham, Pitham and Kapham are reduced from their normal status in Moola noigal. This is given in the verse as,

“மூவருமே மந்தமானால் முளைத்திடு மூலமெல்லாம்”

- குணவாகட நோயின் சாரம்

3. According to Vallathi Naadi, it is said that pithaththil vaatham is the diagnostic naadi for Moola noigal.

“வண்ணமுடன் பித்தத்தில் வாதம் வந்தால்
வருமாறு பீனிசங்கள் மண்டைக்குத்து
கண்ணுமடா பவுத்திரங்க ளரையாப்புண்டாந்
தப்பாது நவமூலஞ் சாருந்தானே”

-Vallathi Naadi

4. According to Rathna churukkam 500, when the maaththirai of increases to one and vaatham's maaththirai decreases that occur in this naadi. This is explained in the verse as follows,

“காந்தலுண்டாம் பித்தமொன்று வாதங் காலாம்
கதித்தெழுந்த நாடியடா அம்மை போல குண்ணும்
வாந்தியுண்டாம் மந்திக்கு வயிறெரிப்பு
வளமாக சுரங்காணும் கண்ணும் காந்தும்
ஊர்ந்துவிடும் பாண்டாகு மாசனத்தில்
உற்றதோர் மூலமாம் புண்ணுமாகும்”

- இரத்தினச் சுருக்கம் - 500

From all these, the conclusion are that most of the siddhars says **pitha vatha naadi** is the characteristic pathological naadi for Moola noigal which include also for **Moola pitham**.

A VIEW ON PITHAM

The natural shape of Pitham is Atomic. It is sharp and hot. The ghee becomes watery, salt crystalizes and jaggery melts because of heat. The heat of Pitham is responsible for many actions and their reactions.

பித்தம் உருவாகும் விதம்

“இருப்பான நாடி எழுபதோடீரா

யிரமான தேகத்தில் ஏலப் பெருநாடி

ஒக்கதசமத்தொழிலை ஊக்கதச வாயுக்கள்

தக்கபடி என்றே சாரும்

சாருந்தசநாடி தன்னில் மூலம் மூன்று

பேருமிடம் பிங்கலையும் பின்னலுடன் - மாறும்

உரைக்க விரற்காற்றொட்டுணர்த்துமே நாசி

வரைச் சுழியோமையத்தில் வந்து

வந்தகலை மூன்றில் வாயுவாமபானனுடன்

தந்த பிராணன் சமானனுக்குஞ் சந்தமறக்

கூட்டுறவு ரேகித்தல் கூறும் வாதம் பித்தம்

நாட்டுங்கபமேயாம் நாடு”

- சித்த மருத்துவாங்கச் சுருக்கம்

The seats of pitham

- “தானான பித்தம் பின்கலையைப் பற்றிச்

சாய்வான பிராணவாயு வதனைச் சேர்ந்து

ஊனான நீர்ப்பையி லணுகி மூலத்

துதிதெழுந்த வக்கினியை யறவு செய்து

மானேகே ளிருதயத்தி லிருப்பு மாகி

கோனான சிரந்தனிலே யிறக்க மாகிக்

கொண்டுநின்ற பித்தநிலை கூறினோமே.”

- Tamil Vaithya Saathagam

According to **Tamil Vaithya saathagam**, the pingalai, urinary bladder, stomach, heart and the head are the places where Pitham sustains.

In addition to the above places, the umbilical, epigastric region, stomach, sweat, blood, essence of food, eyes and skin are also the places where Pitham sustain.

Yugi Muni says that the Pitham sustains in urine and the places below the neck.

- According to 4448 Viyathigal

1. வயிறு 2. ரசதாது 3. ரத்தம் 4. ஊன் 5. வியர்வை

6. கண்கள் 7. பொதுவாக தொப்புளுக்குமேல்

இருதயத்துக்கு கீழ் உள்ள பகுதிகள்

- 4448 வியாதிகள்

The characteristics of pitham

- According to Maruthuva thanipadal

“பசிதாகம் ஓங்கொளிகண் பார்வைபண் டத்து

ருசிதெரி சத்திவெம்மை வீரம் - உசித

மதிகூர்த்தபுத்திவனப் பளித்துக் காக்கும்

அதிகாரி யாங்கா னழல்.”

- மருத்துவத் தனிப்பாடல்

Pitham is responsible for Digestion, Vision, Maintenance of body temperature, Hunger, Thirst, Taste etc., its other functions include Thought, Knowledge, Strength and Softness.

- According to Pathinen Siddhargal Naadi Sasthiram

“பகுத்திடும் பித்தம் பலபலசிந்தையாம்

வகுத்திடும் வாந்தியும் வாய்நீர்மிகலூறும்

மிகுத்திடு மேனியின் மாட்டி யெரிப்பேறும்

மிகுத்துத்தவனிக்கு மிகவிடங்கைக்குமே”

-பதினெண் சித்தர்கள்நாடி சாஸ்திரம்”

According to **Pathinen Siddhargal Naadi Sasthiram**, the character of pitham are vomiting, increased salivation, burning sensation of the boby and kaippu taste in the tongue.

- **According to 4448 Viyathigal**

1. நைப்பு
2. மெலிவு
3. சூடு
4. வேகம்
5. நாற்றம்
6. அசையும் தன்மை
7. நெகிழ்ந்தோடுதல்

- 4448 வியாதிகள்

பித்தம் வரலாறு

பாரடா பித்தமென்ற கிரிச்சனந்தான்

பதினெட்டு வகையாகப் பலித்ததேது

ஆரடா யிருக்கின்ற பெரியோர் தம்மை

யொருக்காலே பழித்தனால் வந்தபாவம்

சீரடா பாராமல் தூஷணித்தல்

சிவத்தலங்க ளதைப்பழித்தல் சிவமேசெய்தல்

ஆரடா கோபமென்ற பாவத்தாலே

யப்பனே பித்தமது சிரசின் மேலே

மேலேறி யதரந்தனை யெழும்பி

மேகமென்ற புரவியது போலேயாச்சு
மாலேறி புத்திக்கும் பிரமைதோன்றி
மனம்விட்டுக் கூத்தாடி வெளியேயேகிக்
காலேறிப் பசாகபோற் றிரிந்ததென்ற
காரண்ட கோபமென்ற கருமத்தாலே
பால்போலு மனமுடைய பெரியோர் சாபம்
பலித்துதடா புத்தி கெட்ட பரிசுதாமே”

- அகத்தியர் கன்ம காண்டம் - 300

According to **Agasthiyar Kanma Kaandam**, due to the above factors the pitha humour may gets derange.

The functions of pitham

1. Maintains body temperature
2. Produces reddish or yellowish colour of the body.
3. Produces heat energy on digestion of food.
4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood is let out.
7. Gives yellowish colouration to Skin, Eyes, Faces and Urine.
8. Produces Anger, Haughtiness, Burning sensation, Inaction and Determination.
9. Gives Bitter or Sour taste.

பித்தம் பிரகோபிக்கக் காரணங்கள்

1. “ஆயுறு பித்த கோப மதிசெயம் வெப்புத் தாகம்

தோய்வுறு மயர்வு மூச்சுச் சொன்மதம் புத்திபேதம்
பாயுறு முனிவு வீரம் பரவிய புளிப்பிலின்பம்
வாயுறு முதிரங்கண்கள் மலஞ்சல மஞ்ச ளாகும்
குணம்பெறு முகங்கள் மேனி கூர் சிரந் திரங்கி வற்றல்
கணம்பெறும் மனம்வே நாகக் காட்டிடுங் குளிர்காலத்தில்
மணம்பெறுசலமேற் நாகம் வைத்து நா டிடும்பின்வெப்பால்
நிணம்பெறு மதிசாரத்தை நீட்டிடுமுனிவாய்பித்தம்.”

- Angathipatham

According to **Angathipatham**, the deranged pitham produces anger, increased thirst, tired ness, confusion, increased intake of pulippu taste in diet, yellowish coloration of eye, urine and faeces, delusion and finally results in fatty diarrhoea.

2. “பிணிதரு பித்த கோபம் பெருகவுண் டாகுமுண்டி

கணிபெறு மடிற்சி யுப்புப் புளிப்புறைப் பதிகத் தாலும்
பணிதரு மதுவினாலும் பாரண மிகுதலாலு
மணிதரு வெயர்வு வெய்யில் வழிநடை முனிவினாலும்”

-Angathipatham

According to **Angathipatham**, increased intake of uppu, pulippu, uraippu in diet, alcohol, and prolonged exposure to sun will derange the pitha humour.

3. “நித்திரை தவிர்தலாலும் நெடுநேரம் நிற்கையாலும்
குத்திர விதத்தினாலுங் கொம்பனார் மருந்தீட்டாலும்
சுத்தியில் லாதேகொண்ட அவுஷத தோஷத்தாலும்
பித்தமே பிரகோபித்துப் பெருந்துயர் செய்யுங்காணே”.

- தன்வந்தரி வைத்தியம் முதல் பாகம்

According to **Thanvandhari Vaithiyam**, prolonged standing, sleeplessness and impurified medicines will derange the pitha humour.

4. According to Sathaga Naadi

a. பித்தநாடி

“உறுதியுள்ள பித்தமது தோன்றில் வெப்பு
உஷ்ணவாயுவத்தி சுரமதி சாரங்கள்
மறதியுடன் கிறுகிறுப்பு பயித்திய ரோகம்
வளர் சோகையழலெரிவு காந்தல் கைப்பு
இருதயத்தில் கலக்கமது மறப்பு தாகம்
எழுங்கனவு மேய னைவு மயக்க மூர்ச்சை
சிறிது பெரும்பாடு ரத்தப் பிரமேகங்கள்
சேர்ந்து மிகு பிணி பலவுஞ் சிறங்குந்தானே”
- சதக நாடி

b. பித்தவாதநாடி

“சிறப்பான பித்தத்தில் வாத நாடி
சேரிலுறுந்தாது நட்டமுதர பீடை,
உறைப்பாகச் செரியாமைக்குன் மஞ்சுலை
யுற்றசுரங்கிராணி வயிற்றிரைச்சல் மந்தம்
அறைப்பான ஓங்கார புறநீர்க்கோவை
ஆயாசமிரக்க மொடு மயக்க மூர்ச்சை
முறைக்காய்வு விஷ வீக்கம் மூலவாய்வு
முரடான நோய் பலவு முடுகும் பண்பே”
- சதக நாடி

c. பித்தகப நாடி

“பண்பான பித்தத்தில் சேத்தும நாடி
பரிசித்தா லத்திசுரமிளைப்பு ஈளை,
கண் காது நயன மலம் நீருமஞ்சள்
கனவயிறு பெருமல் மஞ்சள் நோய் கண்ணோவு
உண்போது மறுத்தல் ரத்தவிப்புருதி தானும்,
உளைமாந்தை பீனிசமும் ரத்த வீக்கம்
நண்பான காமாலை சோகை வெப்பு
நணுகிவந்த பல பிணியும் நண்ணுந்தானே”
- சதகநாடி

TYPES OF PITHAM

The pitham is of five types depending upon the locations and the functions as follows:

1. Aakkanal (Anal-pasaka-pitham) - The fire of digestion

“அழலைவகைத் தென்பரதில் முதன்மை பெற்ற
தாக்கனல்தான் ஐம்பூத மயமாய் மற்றைத்
தழலையுரந் தந்துபுரந் தருமால் உண்ட
சாதத்தைச் செரிப்பித்தி ரசத்தைக் கொண்டு
கழலைவிடுந் திப்பிகளை இரப்பைக்கு மடுங்
காரியஞ்செய் தானத்துக் கிடையே குடியாய்
மழலைமொழி மாதேகேள் சமைக்குமித்தை
வழங்குவர்காண் பாசகமா மனல்தா னென்றே.”
- மருத்துவத் தனிப்பாடல்

It lies between the Stomach and the intestine and causes digestion and dries up moist ingested substances.

2. Vanna eri (Ranjaga pitham) - Blood promoting fire

This fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

“இரைப்பைவாழ் வண்ணவெரி இறங்கிப் போந்த
எல்லாஹுண் டனக்குமாற்று நிறமொன் நீந்தே
விரைவிலன்ன சத்தெல்லாம் அடுஞ்சா லைக்கே
மேவவைப்ப திரத்தமொட்டு மிதயத் தேய்ந்து
நிறைந்தாற்ற லங்கிநாளும்மதிசேர் மேதை
நெறிவலியால் விரும்பியாங்கு பணிசெய் தேநல்
விரைசெறிமெல் லோதிங்காய் புரக்கும் மெய்யை
விளம்புரஞ்ச கஞ்சாதக முறையே யாமே.”

- மருத்துவ தனிப் பாடல்

3. Aarralanki (Saadhaka pitham) - The fire of energy

It controls the whole body. It has the property of fulfillment.

4. Olloli Thee (Prasaka pitham) - The fire of brightness

It gives colour and complexion and brightness to the skin.

5. Nokhazhal (Alosaga pitham) - The fire of vision

“உரியொளிசெய் யழல்தங்குந் தோலி லத்தை
யொள்ளொளித்தீ யெனவிளிப்பர் மீனேய் வாட்சேல்
வரிகொளக்கி நடுவிருந்து கண்ட காட்சி
வகைவிளக்க மறிவிக்கும் நோக்கு மங்கி
விரிவுள நூல்வலநாவர் கூறுங் காந்தி
மிகுப்பிராச கமாலோச கங்க ளென்று
தெரிவுளத்தே செயல் முறையைப் பித்த மைந்தின்
திகழொளிகூர் விழியணங்கே ஐயம் நீந்தே!”

-மருத்துவத் தனிப்பாடல்

It lies in the eyes and causes the faculty of vision. It helps to visualize things.

Types of Pitha Diseases

1. According to **Theraiyar Vagadam** and **Bogar vaithiyam-700**, Pitha diseases are classified in to forty types.

2. According to **Agathiyar Rathina churukkam**, 48 types of pitha diseases are classified.

3. As per **Agathiyar Gurunaadi- 235**, pitha diseases classified in to 44 types.

4. According to **Jeevarakshamirtham**, pitha diseases classified in to forty types.

They are,

- | | |
|-----------------------------------|-------------------------------|
| 1. Rathapitha Rogam | 2. Amla pitha Rogam |
| 3. Aavarana pitha Rogam | 4. Unmatha pitha Rogam |
| 5. Vismiguthi (Marathi) | 6. Dikthamiguthi (Kasappu) |
| 7. Aasiyabaga Pitham | 8. Jimmiga Pitham |
| 9. Durgantha Pitham | 10. Thathuru Pitham |
| 11. Soga Pitham | 12. Moorchai Pitham |
| 13. Kandu Pitham | 14. Pidaga Pitham |
| 15. Anala Pitham | 16. Suvetha Pitham (Viyarvai) |
| 17. Ithma Pitham | 18. Soola Pitham |
| 19. Vishtamba Pitham (Thigaithal) | 20. Ikka Pitham (Kottavi) |
| 21. Virana Pitham | 22. Oorthuva Pitham |

- | | |
|----------------------|-------------------------|
| 23. Suvasa Pitham | 24. Sem Pitham |
| 25. Karum Pitham | 26. Karappan Pitham |
| 27. Eri Pitham | 28. Thudi Pitham |
| 29. Vishtamba Pitham | 30. Moola Pitham |
| 31. Kala Pitham | 32. Odu Pitham |
| 33. Moodu Pitham | 34. Nadukku Pitham |
| 35. Kabala Pitham | 36. Dhaga Pitham |
| 37. Thimir Pitham | 38. Valipitha Rogam |
| 39. Kirumi Pitham | 40. Maruntheedu Pitham |

PREVENTIVE ASPECTS TO AVOID MOOLAPITHAM

1. Have to take regular oil bath once in 4 days.
2. Have to take plenty of water and buttermilk.
3. Have to take lot of leafy vegetables, fibre content vegetables and fruits.
4. Have to take sitz bath regularly
5. Have to avoid too much of tubers in diet except Karunai Kizhangu.
6. Don't strain to pass stools.
7. Don't use too much of spices, tamarind, vali producing diet.

PATHOLOGICAL VIEW OF MOOLA PIHAM

The human body is made up of ninety-six thathuvams. Alterations in any thathuvams result in pathological states. Moola pitham results basically from derangements of pitham and vatham. This is best illustrated in the verse,

“அனில பித்த தொந்த மலாது மூலம் வராது”

-Therar sekarappa

Initially in any pathologic state the affected thaththuvams are the panchabootham. The various aetiological factors of Moolam annihilate the normal structure of Vayu, Aahaayam and thee boothams in Moolaathaaram. If this state is allowed to persist then the bootham responsible to carryout the Kanmavidayam. Visarkam, neer gets deranged in the very long run.

Since vayu and Aahayam constitute Vaatham and thee constitutes piththam, immediately these two humours are deranged.

Vaatham in the body manifests as ten Vayus. Among them those having connections with the anal canal is abaanan, piraanan and Devathaththan gets deranged. Simulataneously with the Vayukkal and Naadigal having connections with the moolathaaram i.e. guhu and suzhumunai along with other thaththuvams produce systemic manifestations.

Piththam in the body manifests as five types Viz, Analapitham, Ranjagam, Brasagam, Aalosogam and Saathagam. All these are affected in Moola pitham.

Kabam deranges very lately, if the patient is left untreated for days together to produce Kaba diseases such as Sobai etc.

Deranged 96 thathuvas are as follows

Earth	- External mass in the anus.
Water	- Burning sensation in the eyes, External mass in the anus.
Fire	- Increased pulippu taste in the tongue, drowsiness, sluggish ness.
Air	-Constipation,Indigestion,Cramping pain in the pst.asp.of thigh.
Space	- Hated ness, increased anger.

Iymporigal / Iympulangal

Mei	- External mass in the anus.
Vai	- Presence of pulippu or kaippu taste.

Kanmentheriyam / Kanmavidayam

Eruvai	- Constipation or loose stools.
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Anthakaranam

Manam	- Delusion.
Putthi	- Difficult to analyses .
Ahankaram	- Indecisiveness
Siddham	- Reduced ability of achieves

Naadi

Guhu	- Pain in the anal region.
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Asayam

Amarvasayam	- Indigestion
Pakirvaraym	- Reduced absorbtion.
Malavasayam	- Constipation or loose stools, External mass in the anus.

Kosam

Annamaya Kosam - Seven physical constituents gets deranged.

Pranamaya kosam - Constipation or loose stools.

Aadharam

Moolaathaaram - Pain in the anal region.

Gunam

Thamo gunam - Drowsiness, sluggish ness

HUMORAL OR TRIDOSHA PATHOLOGY

Panchaboothams are manifested in the body as three vital forces,

Vaatham

Piththam

Kabham

VAATHAM (OR) VAYU

The word Vayu not only implies wind but also comprehends all the phenomenon which comes under the functions of the central and sympathetic nervous system. Structurally it is the combination of Vayu and Aahaya bootham. So it is affected in Moola pitham. Normally it carries out respiration, circulation of blood, locomotion, carrying sensory signals and motor signals to and from the brain, micturition, defaecation, parturition, sensation of hearing, sight, taste etc.

It is located in idakalai, abaanan, faeces, spermatic cord, pelvic bones, skin, hair, nerves & muscles. It has ten types

In **Moolapitham** primarily affected Vayukkal are,

1. Abaanan
2. Piraanan
3. Viyanan
4. Samaanan
5. Kirukaran
6. Dhevathathan.

These deranged Vayukkal affects udal thathukkal and malam.

This is best illustrated in the table below.

S.no	Typesof vatham	Derangements
1.	Piranan	Reduced appetite.
2.	Abanan	Constipation or Loose stools
3.	Viyanan	Cramping pain in the both thighs
4.	Samanan	Reduced appetite
5.	Kiruharan	Reduced appetite
6.	Dhevathathan	Sluggishness, Anxiety

PITHAM

It is the life manifestation of thee bootham in the body. It is the metabolic thermal life force of the body. It carries out digestion, absorption, metabolism coloration of the blood etc.

Piththam is located in piraana Vayu, bladder, moolaakini, Heart, Umbilical region, abdomen, stomach, sweat, salaiva, blood, eyes and skin.

As moolaatharam is in the akkini mandalam, any pathological condition here can harm the moolaakkini and eventually derange the piththa humour. In moolapitham all the piththams are affected.

Symptoms are produced when deranged piththams affect the seven thathus and malam.

This is best illustrated in the table below

S.No	Typesof Pitham	Derangements
1.	Anarpiththam	Reduced appetite
2.	Ranjagapitham	Palloriness of the tongue, eyes
3.	Piraasagam	Skin wrinkles around the anus
4.	Aalosagam	Diminished vision
5.	Saathagam	Difficult to sit and travel for long hours.

KABAM

Kabam has Appu and Pirithivi boothams. It is responsible for co-ordination and defence machanism of the body.

Kabam is located in samaanavayu, semen, suzhumunai, blood, phlegm, bone marrow, nose, chest, nurve, bone, brain, eyes and joints.

Initially in Moolapitham Kabam is not deranged but in untreated cases all the five types of kabam are affected. This causes pathologic changes in the thathus leading to Sobai Noi.

When thathuvams, including Vaatham, piththam, kabam are deranged, they affect seven udal thathukkal Viz, Saaram, Senneer, Oon, Kozhuppu, Enbu, Moolai, Sukkilam or Suronitham and Udalthees. They affect three malams and inturn produce various symptoms according to the severity and the site of ailment.

Deranged Udal thathukkal are as follows

- | | | |
|----------|---|---|
| Saarum | - | Reduced appetite. |
| Senner | - | Increased pulippu taste, Palloriness of the tongue and eyes . |
| Oon | - | External mass in the anus. |
| Kozhuppu | - | Skin wrinkles, dryness around the anus. |
| Enbu | - | Longitudinal fissures in the nails, Hair falling. |
| Moolai | - | Body pain |

Deranged Vegangal are as follows

- | | | |
|--------|---|---------------|
| Abanan | - | Constipation. |
| Malam | - | Constipation. |

Manikkadai Nool

“ஏழினில் முக்கால் காணில் எழுப்பிடும் கீழேமூலம்

தாழ்வது ரெண்டுகாலந் தலையாடி மகத்து நிற்கும்

தோளது வருஷமாண்டாய் தோன்றிடு கண்டமாலை

நாளது செல்லச்செல்ல நாசியில் ரத்தங் காணும்”

- சூடாமணி கயறு சூத்திரம்

- பதினெண் சித்தர்கள் நாடி சாஸ்திரம்

Though the moola noigal have the viral kadai alavu of $7 \frac{3}{4}$ as per Sooda Manikkayiru Soothiram, most of the Moolapitham cases have the normal viral kadai alavu of $11 \frac{1}{2}$.

MATERIALS AND METHODS

The clinical study on topic “**Moolapitham**” was carried out in the Out - Patient Department of AyothiDoss Pandithar Hospital of the National Institute of Siddha, Tambaram Sanatorium, Chennai.

Selection of Cases

30 cases were selected from the out patient department and were followed under the supervision of the professor and lecturer of the Noi Nadal department.

Population and Sample

The population consists of **Moolapitham** patients with external mass in the anus, diarrhoea with flatulence, hat’red, excited with anger, drowsiness, palloriness, edema, sluggishness, burning sensation in the eyes, and cramping pain in the thigh region. The sample consists of patients attending the OPD/ IPD of AyothiDoss Pandithar Hospital of the National Institute of Siddha, Chennai.

Inclusion criteria

Age above 30 years

Exclusion criteria

Bleeding piles and fissure in ano.

Patients of serious illnesses

Study on Siddha Clinical Diagnosis

Siddha diagnostics methods such as 96 Thathuvams, Mukkutram, Udal thathukal, Envagai thervugal, Nilam, Kaalam, Sothidam and Manikkadai nool were noted.

The Clinical Investigations

For further detailed study about this disease, the modern investigatory parameters are used. The following routine laboratory investigations were carried out in the patients.

1. Total count
2. Differential count
3. Erythrocyte sedimentation rate
4. Haemoglobin estimation

Urine

Albumin

Sugar

Deposits

Motion

Ova

Cyst

Bacteria

OBSERVATIONS AND RESULTS

Table – 1

AGE DISTRIBUTION

Age	No of cases	Percentage
1-33 yrs	4	13.33
34-66 yrs	25	83.33
67-100yrs	1	3.33
Total	30	100

Among 30 cases of 83.3% of cases comes under Pitha kaalam ie: 34-66 yrs, 13.3% of cases comes under kabha kalam ie – 1-33yrs.

Table – 2

GENDER DISTRIBUTION

Gender	No of cases	Percentage
Male	11	36.66
Female	19	63.33
Total	30	100

Among 30 cases 63.3% of case are female, 37.3% cases are male.

Table - 3

FOOD HABITS

Food habits	No of cases	Percentage
Vegetarian	2	6.66
Non – Vegetarian	28	93.33
Total	30	100

Out of 30 cases 93.3% of cases are vegetarians and 6.6% cases are non-vegetarians.

Table: 4**ETIOLOGY FOR PITHA DISEASES**

Etiology	No.of Moolapitham Cases	Percentage
Increased intake of Pulippu taste	29	96.66
Increased intake of Kaarppu taste	24	80
Increased of intake of Uppu taste	19	63.33
Increased intake of Kizhangu vagaigal Except karunai	27	90
Intake of Uncooked food	25	83.33
Resisting appetite	13	43.33
Stress and strain	16	53.33
Increased anger	26	70
Insomnia	9	30
Perverted sexual contact	0	0
Over exposure to heat and sun	7	23.33
Riding for prolonged period	6	20

Out of 30 cases 96.6% of cases have the history of increased intake of Pulippu taste, 90% of cases for increased intake of Kizhangu vagaigal , 83.3%% of cases for Intake of Uncooked food, 80% cases for Increased intake of Kaarppu taste ,70% of cases for Increased anger , 63.3% of cases for increased intake of Uppu taste, 53.3% of cases have Stress and strain.

Table -5**ENVAGAI THERVU**

Envagai Thervu			No. of cases out of 30	Percentage
Naa	Thanmai	Maapadithal	12	40
		Vedippu	3	10
	Niram	Karuppu	2	6.66
		Velluppu	28	93.33
	Suvai	Pulippu	4	13.33
		Kaippu	26	86.66
	Vaineer Ooral	Increased	17	56.66
		Normal	7	23.33
		Reduced	6	20.00
	Niram		Karuppu	8
		Manjal	12	40
		Veluppu	10	33.33
Mozhi		Sama oli	4	13.33
		Urattha oli	20	66.66
		Thazhnthaoli	6	20
Vizhi	Niram	Manjal	2	6.66
		Veluppu	28	93.33
	Thanmai	Erichal	30	100
Meikuri	Nilai	Mitha Veppam	6	20
		Migu Veppam	24	80
	Viyarvai	Normal	5	16.66
		Increased	24	80
		Decreased	1	3.33
	Thoduvali	Present	30	100

Among 30 cases 40% of cases have maa padinthirutthal in their tongue, 10% of cases have Vedippu in their tongue. Among 30 cases 93.33% of cases have Veluppu (Palloriness) in their tongue, 6.6% have Karuppu niram. Among 30 cases 86.6% of cases have Kaippu taste, 13.3% cases have Pullippu taste in their tongue.

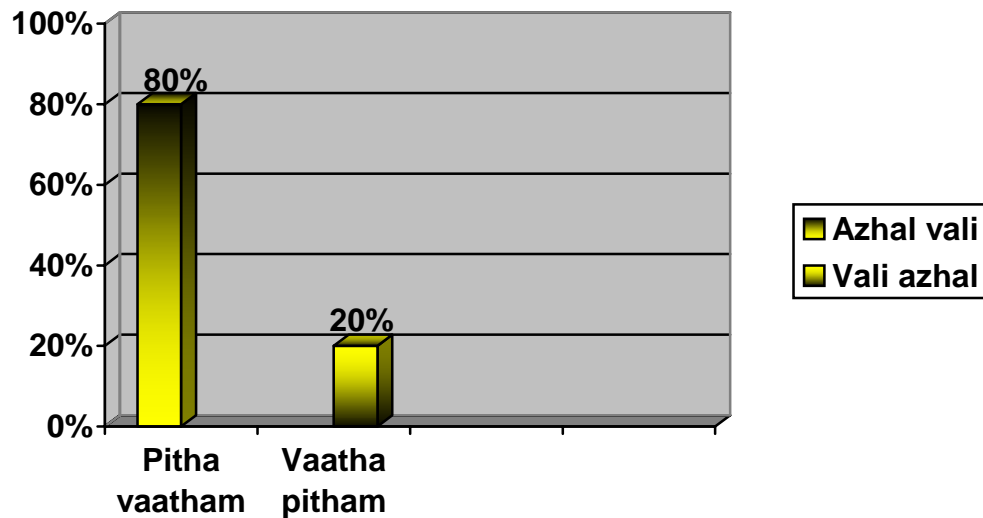
Among 30 cases 56.6 % of cases have increased vai neer ooral.

Among 30 cases 33.33% of cases have Veluppu niram i.e. general pallor ness of the body, 40% of the cases have manjal niram i.e. wheatish colour and 26.66% have karuppu niram i.e. brownish colour of the body. Out of 30 cases 66.6% of cases have Uratha oli .Out of 30 cases 93.33% of cases have pallor ness of the eye and 6.66% of the cases have Manjal venvizhi ie: brownish yellow (Muddy conjuctiva). Most of the cases have kan erichchal.

Out of 30 cases 80% of cases have Migu veppa udal nilai. Out of 30 cases 80% of cases have increased viyarvai. All the 30 cases have the tenderness in the pile mass.

Table: 6**NAADI**

Naadi		No.of.Cases out of 30	Percentage
Naadi Nithanam	Vanmai	26	86.66
	Menmai	4	13.3
Naadi Panbhu	Puranadi	30	100
	Kalathal	30	100
	Kathithal	26	86.66
	Illaithal	4	13.33
Naadi Nadai	Azhalvali	24	80
	Valiazhal	6	20

NAADI NADAI

Out of 30 cases 100% of cases having the puranadai and Kalathal characters in the naadi panbhu, 86.7% of cases having the Kathithal and 13.3% of cases showed Illaithal characters in their Naadi panbhu. Among 30 cases 80% of cases have the naadinadai of Azhal vali, 20% cases have Vali azhal naadi.

Table-7**MALAM**

Malam		No. of cases out of 30	Percentage
Niram	Manjal	29	96.6
	Manjal with Seetham	1	3.33
Thanmai	Sikkal	26	86.66
	Siruthal	26	86.66
	Kalichal	4	13.33
	Seetham	1	3.33
	Venmai	2	6.66
	Kirumi	1	3.33

Among 30 cases 86.6% of cases have Sikkal and Siruthal thanmai in their Malam, 13.3% of cases have Kalichal thanmai and 3.3% have Kirumi i.e. (Klebsilla). Among 30 cases 96.6% of cases have manjal colored stools, 3.3% of cases have Manjal with mucus mixed stool.

Table- 8**NEER**

Neer			No. of cases out of 30	Percentage
Neerkuri	Niram	Manjal	30	100
	Manam	Normal	30	100
	Nurai	Nil	20	66.66
		Reduced	10	33.33
	Edai	Normal	30	100
	Enjal	Normal	30	100
Neikuri	Aravathil Mothiram		6	20
	Mothirathil Aravam		24	80
	Mellena Paraviyathu		30	100

Neerkuri

All the 30 cases have manjal (Yellowish) colored urine. Among 30 cases 30 % of cases have reduced nurai of urine. All the 30 cases have normal edai of urine. All the 30 cases have normal alavu (enjal) of urine out put.

Neikuri

Among 30 cases 86.6% of cases have Mothirathil aravam, 13.3% of cases have Aravathil mothiram, All the 30 cases sows Mella paravel (slow spread) character in their Neerkuri.

Table- 9

DERANGED VATHAM

Vatham	No. of cases out of 30	Percentage
Pranan	30	100
Abanan	30	100
Samanan	30	100
Uthanan	6	20.0
Viyanan	30	100
Naahan	0	0
Koorman	8	26.66
Kiruharan	30	100
Devathaththan	30	100
Dhananjeyan	-	-

All the 30 cases have deranged Pranan, Abanan, Samanan, Viyanan, Kiruharan and Dhevathathan.

Table- 10**DERANGED PITHAM**

Pitham	No. of cases out of 30	Percentage
Anar pitham	30	100
Ranjaga pitham	30	100
Alosaga pitham	8	26.66
Prasaga pitham	30	100
Saathaga pitham	30	100

All the 30 cases have deranged analam, Ranjagam, Prasagam and saathagam.
26.6% of cases have deranged Aalosagam.

Table -11**DERANGED KAPHAM**

Kapham	No. of cases out of 30	Percentage
Avalambagam	0	0
Kilethagam	30	100
Pothagam	30	100
Tharpagam	30	100
Santhigam	14	46.66

All the 30 cases have deranged Kilethakabam, Pothagam and Tharpagam.
46.6% of cases have deranged Santhigam.

Table - 12**UDAL THATHUKKAL**

Udal Thathukkal	No. of cases out of 30	Percentage
Saarum	30	100
Senner	30	100
Oon	30	100
Kozhuppu	30	100
Enbu	14	46.66
Moolai	14	46.66
Sukilam / Suronitham	0	0

All the 30 cases have deranged saarum, Senner, Oon and Kozhuppu. 46.6% of cases have deranged, enbu and moolai.

Table- 13**RASI DISTRIBUTION**

Rasi	No. of cases out of 30	Percentage
Mesham	2	6.66
Rishabam	1	3.33
Midhunam	1	3.33
Katakam	2	6.66
Simmam	3	10.0
Kanni	0	0
Thulam	2	6.66
Virchikam	7	23.33
Dhanusu	0	0
Maharam	0	0
Kumbam	1	3.33
Meenam	0	0
Not known	11	36.33

Among 30 cases 23.3% cases have Viruchiga Rasi, 10 % have Simma Rasi, 6.6% have Katagam and Mesha Rasi, 3.3% have Rishabam and Midhuna Rasi.

Table- 14**NATCHATHIRAM DISTRIBUTION**

Natchathiram	No. of cases out of 30	Percentage
Aswini	1	3.33
Barani	1	3.33
Rohini	1	3.33
Mirugaseeridam	1	0
Poosam	1	3.33
Ayilyam	1	3.33
Makam	1	3.33
Pooram	2	6.66
Swathi	2	6.66
Anusham	3	10.0
Kettai	4	13.33
Avittam	1	3.33
Not known	11	36.66

Among 30 cases 13.3% cases have Kettai Natchathiram, 10% have Anusham, 6.6% have Pooram and Swathi Natchathiram .

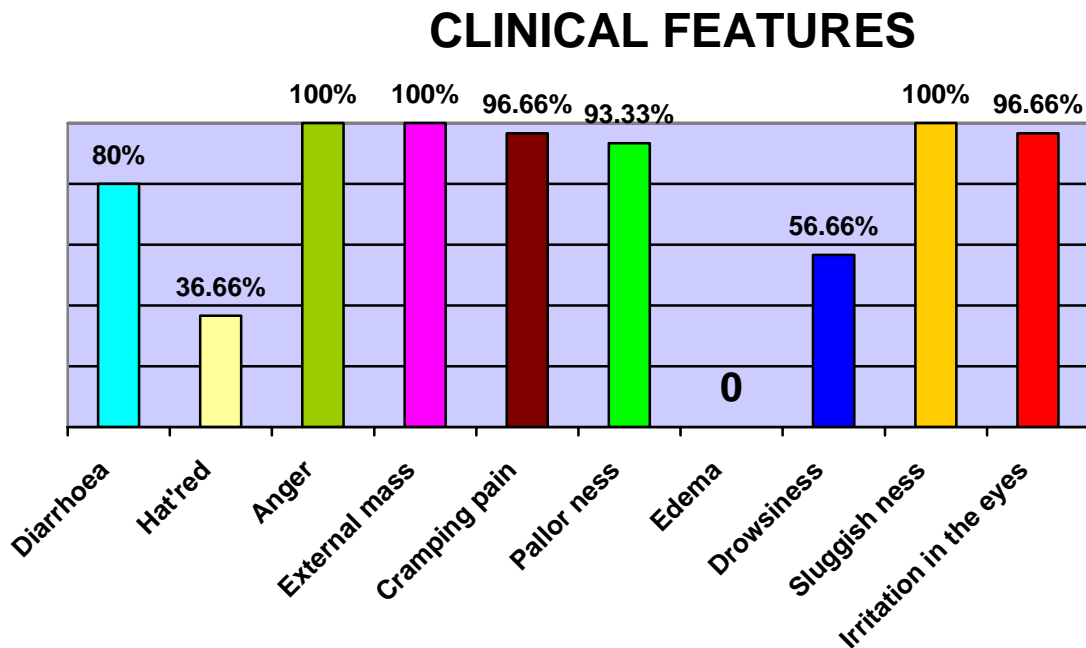


Table- 15

CLINICAL FEATURES

Clinical Features	No. Of Cases	Percentage
Flatulence with diarrhoea	24	80
Hat' red	11	36.66
Excited with over anger	30	100
External mass in the anus	30	100
Cramping pain in the post. asp. of the thigh	29	96.66
Pallor ness	28	93.33
Edema	0	0
Drowsiness	17	56.66
Sluggishness	30	100
Burning sensation in the eyes	29	96.66

Among 30 cases 100% of cases have excited with over anger, External mass in the anus and Sluggishness, 96.6% of cases have Cramping pain in the post. asp. of the thigh and Burning sensation in the eyes , 93.3% of cases have Palloriness, 80% of cases have Flatulence with diarrhoea, 56.6% of cases have Drowsiness, 36.6% of cases have Hat' red.

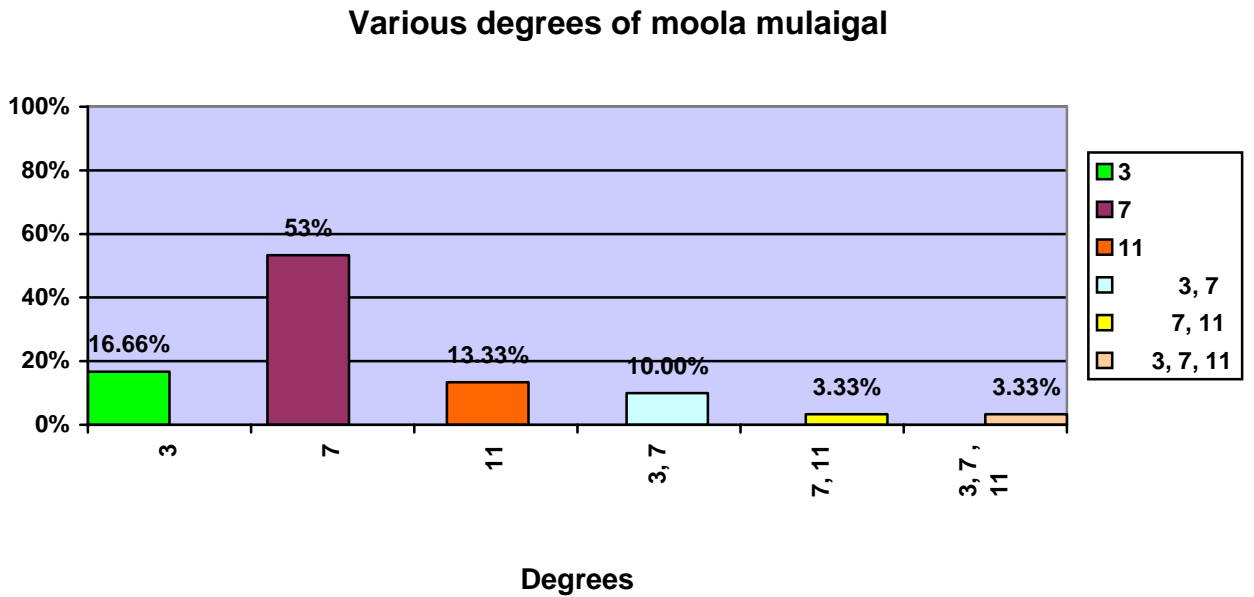


Table -16

MOOLA MULAI

Degree of Moola Mulai / Mulaigal	No. of Cases	Percentage
3°	5	16.66
7°	16	53.33
11°	4	13.33
3°,7°	3	10.00
7°,11°	1	3.33
3°,7°,11°	1	3.33
Total	30	100

Among 30 cases 53.33% of cases have 7 'o'clock Position, 13.3% of cases have 3 'o'clock Position, 13.3% of cases have 11 'o' Position and 10% of cases have 3, 7 'o' clock Position of external mass in the anus.

Table: 17

MANIKKDAI NOOL

Manikkadai Nool (Viral Kadai Alavu)	No. of Cases	Percentage
9	1	3.33
10 ½	2	6.66
10¾	5	16.66
11	6	20.0
11 ½	12	40.0
11¾	1	3.33
12	2	6.66
12½	1	3.33
Total	30	100

Among 30 cases 40% of cases have 11 ½ Viral kadai alavu , 20% of cases have 11 Viral kadai alavu, 16.6% of cases have 10¾ Viral kadai alavu , 6.6% of cases have 12 Viral kadai alavu.

Table – 18

Estimation of Haemoglobin

Haemoglobin(gm%)	No.of cases	Percentage
8.0 - 9.0	2	6.66
9.1- 10.0	9	30.00
10.1 - 11.0	11	36.33
11.1 - 12.0	4	13.33
12.1 - 13.0	2	6.66
13.1 - 14.0	0	0
14.1 - 15.0	2	6.66
Total	30	100

Among 30 cases 36.66% have Haemoglobin ranging from 10.1- 11.0 gms %.
30% have ranging from 9.1- 10 gms %.

THE RECTUM

Anatomy

The Rectum is a curved segment of the bowel, approximately 12cm long, lying in the concavity of the mid and lower sacrum. The upper -two thirds of the anterior rectum but not the posterior surface is covered by peritoneum.

The rectum has an ill-defined anatomical beginning, but surgically the recto sigmoid junction lies opposite the sacral promontory. The rectum is continuous with the sigmoid colon at the level of the third sacral vertebra and terminates at the upper end of the anal canal. At this point, the pubo rectalis muscle encircles the posterior and lateral aspects of the junction, creating the ano rectal angle (normally 120°).

The rectum is approximately 12- 25 cm long. In the upper part, it has the same diameter (4cm) as that of the sigmoid colon, but in the lower part it is dilated to form the rectal ampulla.

The rectum has three lateral curvatures. The upper and lower are convex to the right, and the middle convex to the left. On the mucosal(lumen)aspect, these three curves are marked by semi circular folds(Houston's valves). That part of the rectum that lies below the middle valve has a much wider diameter than the upper third and is known as the ampulla of the rectum.

Relations of the rectum

	Male	Female
Anterior	Bladder Seminal vesicle Ureters Prostate Urethra	Pouch of Douglas Uterus Cervix Posterior vaginal wall
Lateral	Lateral ligaments Middle rectal arteries Obturator internus muscle Side wall of pelvis Levator ani muscle	Lateral ligaments Middle rectal arteries Obturator internus muscle Side wall of pelvis Levator ani muscle
Posterior	Sacrum and coccyx Loose areolar tissue Fascial condensation Superior rectal artery Lymphatics	Sacrum and coccyx Loose areolar tissue Fascial condensation Superior rectal artery Lymphatics

Blood supply

1. The superior rectal artery is the direct continuation of the inferior mesenteric artery and is the main arterial supply of the rectum.
2. The middle rectal artery arises on each side from the internal iliac artery and provides an arterial supply to the muscle of the mid and lower rectum.
3. The inferior rectal arteries are terminal branches of the internal pudendal arteries. They supply the internal and external sphincters, the anal canal below its valves, and the perianal skin.

Venous drainage

The superior haemorrhoidal veins draining the upper half of the anal canal above the dentate line pass upwards to become the rectal veins these unite to form the superior rectal vein, which later becomes the inferior mesenteric vein.

Lymphatic drainage

The Para rectal nodes lie within the mesorectum, a variable distance from the rectal wall. The overall direction of drainage is upwards along the branches of the superior rectal artery.

Innervation

- The rectum is innervated primarily via the inferior mesenteric plexus. Both sympathetic and Para sympathetic fibers form a plexus along branches of the superior rectal artery.
- A small contribution is also made by fibers of the middle rectal plexus along the branches of the middle rectal artery. These are derived from the inferior hypo gastric plexus.

ANAL CANAL

Anatomy

The anal canal commences at the level where the rectum passes through the pelvic diaphragm and ends at the anal verge and is approximately 5cm in length. The muscular junction between the rectum and anal canal can be felt with the finger as a thickened ridge the anorectal 'bundle' or 'ring'. The anal canal consists of an inner epithelial lining, a vascular sub epithelium, the internal and external anal sphincters and fibro muscular supporting tissue.

Anal canal musculature

1. The internal sphincter
2. The longitudinal muscle
3. The external sphincter
4. The puborectalis

The ano rectal ring

- The ano rectal ring marks the junction between the rectum and the anal canal.
- It is formed by the joining of the pubo rectalis muscle, the deep external sphincter, conjoined longitudinal muscle and the highest part of the internal sphincter.
- The ano rectal ring can be clearly felt digitally, especially on its posterior and lateral aspects.

The Dentate line

- The dentate line is a most important land mark both morphologically and surgically.

- It represents the site of fusion of the proctodaeum and post – allantoic gut, and the position of the anal membrane, remnants of which may frequently be seen as anal papillae situated on the free margin of the anal valves.

Arterial supply

- The anal canal is supplied by branches from the superior, middle and inferior haemorrhoidal arteries.
- The most important is the superior haemorrhoidal, whose left branch supplies the left half of the canal by a single terminal branch, while its right has two terminal branches.

Venous drainage

- The superior and middle haemorrhoidal veins drain via the inferior mesenteric vein into the portal system, having become the superior rectal vein.
- The superior haemorrhoidal vein drains the upper half of the anal canal.
- The inferior haemorrhoidal veins drain the lower half of the anal canal and the subcutaneous perianal plexus of veins: they eventually join the external iliac vein on each side.

Lymphatic drainage

- Lymph from the upper half of the anal canal flows upwards to drain into the post rectal lymph nodes and from there goes to the para- aortic nodes via the inferior mesenteric vein.
- Lymph from the lower half of the anal canal drains on each side first into the superficial and then into the deep inguinal group of lymph glands.

Gastro intestinal autonomic reflexes

The uppermost part of the GIT and the rectum are controlled principally by autonomic reflexes. For instance, the smell of appetizing food or the presence of food in the mouth initiates signals from the nose and mouth to the vagal, glossopharyngeal and salivatory nuclei of the brain stem. These in turn transmit signals through the parasympathetic nerves to the secretory glands of the mouth and stomach, causing secretion of digestive juices sometimes even before food enters the mouth.

When fecal matter fills the rectum at the lower end of alimentary canal, sensory impulses initiated by stretching the rectum are sent to the sacral portion of the spinal cord, and a reflex signal is transmitted back through the sacral parasympathetic to the distal parts of the colon; these result in strong peristaltic contractions that cause defaecation.

A VIEW ON HAEMORRHOIDS

Ano rectal disorders may cause significant morbidity, primarily as a result of pain. As with the general population, haemorrhoidal disease is the most common ano rectal disorder.

Haemorrhoids (Greek: haima=blood, rhoos= flowing; synonym: piles (Latin pila=a ball) are dilated veins occurring in relation to the anus. Such haemorrhoids may be external or internal, i.e. external or internal to the anal orifice. The external variety is covered by skin, while the internal variety lies beneath the anal mucous membrane. When the two varieties are associated, they are known as intero external haemorrhoids.

The veins that form internal haemorrhoids become engorged as the anal lining descends and is gripped by the anal sphincters. The mucosal lining is gathered prominently in three places (the anal cushion), which can be in the areas of the three terminal branches of the superior haemorrhoidal artery, but this is exceptional (Thomson).

The anal cushions are present in embryonic life and are necessary for full continence. Straining causes these cushions to slide downwards and internal haemorrhoids develop in the prolapsing tissues.

A external haemorrhoid is commonly termed peri anal haematoma. It is a small clot occurring in the peri anal subcutaneous connective tissue, usually superficial to the corrugator cutis ani muscle. The condition is due to back pressure on an anal veneule consequent upon straining at stool, coughing or lifting a heavy weight.

The condition appears suddenly and is very painful, and on examination a tense, tender swelling that resembles a semiripe black current is seen. The haematoma is usually situated in a lateral region of the anal margin.

Untreated, it may resolve, suppurate, fibrose and give rise to a cutaneous tag, or burst and extrude the clot, or continue bleeding. In the majority of cases, resolution or fibrosis occurs. Indeed, this condition has been called “ a 5- day, painful, self limiting lesion”.

Haemorrhoids may be symptomatic of some other condition, and this important fact must be remembered. Symptomatic haemorrhoids may appear.

- During pregnancy, piles are due to compressing of the superior rectal veins by the pregnant uterus and the relaxing effect of progesterone on the smooth muscle in the walls of the veins, plus an increased pelvic circulating volume.
- From straining at micturition consequent upon a stricture of the urethra-or an enlarged prostate.
- From chronic constipation.
- Occasionally, patients with portal hypertension develop rectal varices, and these should not be confused with haemorrhoids.

Histology

- Histologically, haemorrhoids consist of dilated veins in the mucosa and sub mucosa.
- There may be evidence of thrombosis or haemosiderin deposition from a previous episode of bleeding.

- Depending on whether the haemorrhoids arise above or below the dentate line, they may be covered by columnar, transitional or non keratinizing squamous mucosa.

Morphology

- The varicosities may develop in the inferior haemorrhoidal plexus and thus are located below the ano rectal line (external hemorrhoids).
- Alternatively, there may develop from dilatation of the superior haemorrhoidal plexus and produce internal haemorrhoids.
- Commonly, both plexus are affected, and the varicosities are referred to as combined haemorrhoids.
- Histologically, these lesions consist only of thin-walled, dilated, sub mucosal varices that produce beneath the anal or rectal mucosa. .

Aetiology

1. Hereditary

- The condition is so frequently seen in members of the same family that there must be a predisposing factor, such as a congenital weakness of the vein walls or an abnormally large arterial supply to the rectal plexus.
- Varicose veins of the legs and haemorrhoids often occur concurrently.

2. Morphological

- In humans, the weight of the column of blood unassisted by valves produces a high venous pressure in the lower rectum.
- Except in a few fat old dogs, haemorrhoids are exceedingly rare in animals.

3. Anatomical

- The collecting radicles of the superior haemorrhoidal vein lie unsupported in the very loose sub mucous connective tissue of the ano rectum.
- These veins pass through muscular tissue and are liable to be constricted by its contraction during defaecation. The superior rectal veins, being tributaries of the portal vein, have no valves.

4. Exacerbating factors

- Straining accompanying constipation or that induced by over purgation is considered to be a potent cause of haemorrhoids.
- Less often, the diarrhoea of enteritis, colitis or the dysenteries aggravates latent haemorrhoids. In both instances, descent and swelling of the anal cushions are prominent features.

5. Pathology

Internal haemorrhoids are frequently arranged in three groups at 3, 7 and 11 o' clock with the patient in the lithotomy position.

This distribution has been ascribed to the venous drainage of the anus, where by there are two subdivisions of the right branch remains single, but this is now known to be atypical. In between these three primary haemorrhoids here may be smaller secondary haemorrhoids. Each principal haemorrhoid can be divided into three parts.

- The pedicle is situated at the ano rectal ring. As seen through a proctoscope, it is covered with pale –pink mucosa. Occasionally, a pulsating artery can be felt in this situation.
- The internal haemorrhoid commences just below the ano rectal ring. It is bright – red or purple, and covered by mucous membrane. It is of variable size.
- An external associated haemorrhoid lies between the dentate line and the anal margin. It is covered by skin, through which blue veins can be seen; unless fibrosis has occurred. This associated haemorrhoid is present only in well-established cases.

Differential Diagnosis

1. Fissure-in-ano

This is a longitudinal ulcer in the anal canal with surrounding edema and inflammatory induration. Bright streak of blood with the passage of stool and pain after defaecation are the characteristic features. It is always associated with spasm of the anal sphincters.

2. Rectal varices

In response to portal hypertension, varices can develop in the rectal mucosa between the superior haemorrhoidal veins (portal circulation) and the middle and inferior haemorrhoidal veins (systemic circulation). With anoscopy or sigmoidoscopy, rectal varices are seen as vascular structures located several centimeters above the dentate line. About 60% of patients with a history of bleeding esophageal varices have rectal varices.

3. Fistula-in-ano

This is a track lined by granulation tissue which opens deeply in the anal canal or rectum and superficially on the skin around the anus. A history of intermittent swelling with pain, discomfort and discharge in the perianal region can often be obtained.

4. Rectal prolapse

This condition is seen in children between 1 to 3 years and in the elderly after 40 years of age. The main complaint is that something is coming per rectum during defaecation. The prolapse may reduce spontaneously or require digital reduction.

DISCUSSION

Moolapitham, a clinical entity which is described in **yugi vaithiya chinthamani**, is taken for the detailed study.

In National Institute of Siddha , Out Patient Department, the author have seen 100 patients of moola noigal like Rakthamoolam, Pura moolam , Pavuthiram, Aasana vedippu and Aasanakkatti, and Vireki adithalal. In which most of them having the symptoms like external mass in the anus with out bleeding. These symptoms are more likely to be seen in **Moolapitham** as per yugi vaithiya chinthamani. So, the researcher has taken '**Moolapitham**' for the study.

According to yugi vaithiya chinthamani '**Moolapitham**' is classified under the pitha diseases.

Moolapitham has the symptoms of flatulence with diarrhoea , hat' red , excited with over anger, external mass in the anus, cramping pain in the posterior aspect of the thigh, pallor ness , edema, drowsiness, sluggishness and burning sensation in the eyes.

Besides most of the parameters being used in siddha aspects.

The study consists of 30 patients between the age group of 30-70 years. Among the 30 cases 20 cases were seen in **O.P.D** and 10 cases were admitted in **I.P.D** of AyothiDoss Pandithar Hospital of National Institute of Siddha, Tambaram Sanatorium, Chennai- 47.

Among 30 cases 83.3 % of cases comes under pitha kaalam i.e.34-66 yrs. 13.3 % of cases comes under kabha kaalam i.e. 1-33 yrs. Among the 30 cases 63.3% cases are female, 37.3 % of cases are male.

Most of the 93.3 % of cases were vegetarians and 6.6 % of cases were non- vegetarians.

Among the 30 cases 40% of cases have maapadithal in their tongue and 10% of cases have vedippu in their tongue. The tongue niram of the 93.3 % of cases were veluppu i.e. palloriness of the tongue. 86.6 % of cases have kaippu taste; only about 13.3 % of cases have pulippu taste in their tongue.

The Udal niram of the 40 % of cases were Manjal niram i.e. wheatish color and 33.3 % of cases have veluppu niram. The mozhi of the 66.6 % of cases were Uratthaoli.

Most of the 93.3 % of cases have Veluppu nira vizhi i.e. palloriness of the eye. All the 30 cases have kan erichal.

The Meikuri of the 80% of cases have migu veppa udal nilai and increased viyarvai. All the 30 cases have tenderness in the external anal mass.

The Naadi panbhu of the 100 % of cases were puranadai and kalathal character. The Naadi nadai of the 80 % of cases were Azhal vali and 20% of cases have valiazhal naadi.

The Thanami of Malam of 86.6 % of cases were sikkal and siruthal and 13.3 % of cases have kalichal thanmai and also 3.3 % of cases have kirumi i.e. klebsilla in her motion.

The Neerkuri of the 30 cases are Manjal niram i.e. color of the urine is dark yellow i.e. ++, (or) reddish yellow i.e. +++. 33.3 % of cases have reduced nurai of urine i.e. Foam + and all the 30 cases have normal edai, enjal (alavu) of urine output.

The Neikuri of the 80 % of cases were Mothirathil aravam and 20 % of cases have Aravil mothiram. All the 30 cases show mellena paraval character i.e. slow spread.

Among the uyir thathukkal the deranged vathams were praanan, Abaanan, Samaanan, viyanan, kiruharan and dhevathathan.

The deranged pithams were analam, ranjagam, prasagam and saathagam. The deranged kabams were kilethakabam, pothagam and tharpagam.

The deranged Udal thathukkal were Saarum, Senner, Oon, Kozhuppu followed by enbu and moolai.

The rasi of the 23.3 % of cases were viruchigam i.e. Scorpio, 10 % of cases were Simma rasi. These rasi patients more prone to **Moolapitham**.

The Natchathiram of the 13.3 % of cases were kettai and 10 % of cases have Anusham, 6.6 % of cases have pooram and 3.3 % of cases have Maham natchathiram.

The degree of Moola mulai of 53.3% % of cases were 7 'o' clock position and 16.6 % of cases have 3 'o' clock position.

The manikkadai nool of the 40 % of cases were 11 ½. viral kadai alavu.

Most of the **Moolapitham** patients were affected in illavenir kaalam and Neithal nilam.

The haemoglobin estimation of the 36.66% of cases were ranging from 10.1-11.0 gms %. 30% of csaes have ranging from 9.1- 10 gms %.

The **Moolapitham** closely correlate with **External piles** in modern aspect.

The Deranged 96 thathuvams are as follows,

In **Iympoothams**, earth, water, fire, air and space are affected.

In **Iymporigal**, Mei and vai are affected and produce external mass in the anus and presense of pulippu or kaippu taste in the tongue.

In **kanmethiriyam**, Eruvai is affected and produces constipation or loose stools.

In **Anthakaranam**, manam is affected, followed by puththi, siddham ahankaram and arivu are deranged.

Among the **10 Naadigal**, guhu is affected. In **Aasayam**, the amarvasayam, pakirvasayam and malaasayam are affected. They produce reduced appetite, reduced absorption of food and external mass in the anus respectively.

In **kosam**, the annamayakosam and pranamayakosam are affected results in seven physical constituents are deranged and produce constipation (or) loose stools.

In **Aatharams**, the moolaathaaram is affected and produce constipation or loose stools.

Among **Gunam**, thamo gunam is affected and produces drowsiness and sluggishness.

Differential Diagnosis:

1. Raktha moolam:

Though the patients have painful external mass in the anal region, they do not show the following symptoms such as protrusion of pile mass during defaecation, bleeding per rectum, the pile mass is covered by mucous membrane. So, the author concludes that this is not a “Raktha Moolam”.

2. Aasanavai Seezhlkatti:

Though the patients have pain in the anal region , they do not have the following symptoms such as Swelling near the anal region, pus discharge from the abscess, fever, difficult to sit. So, the author concludes that this is not a ‘Aasanavai Seezhlkatti’.

3. Aasanavai Vedippu:

Though the patients have pain and irritation in the anal region, they do not show the symptoms like stools passes with streaks of blood on defaecation. So, the author concludes that this is not a ‘Aasanavai Vedippu’.

4. Pavuthiram:

Though the patients have severe pain in the anal region , they do not have the symptoms such as history of intermittent swelling with pain , discomfort and discharge and sinus in the perianal region. So, the author concludes that this is not a ‘Pavuthiram’.

5. Vireki Adithallal: (Rectal prolapse)

Though the patients complaints that some mass is felt in rectal region, the mass do not extend and not only in the defecation time and is not reduce spontaneously or require digital reduction. So, the author concludes that this is not a ‘Vireki Adithallal’.

CONCLUSION

“நோய்நாடி நோய் முதல் நாடி அதுதணிக்கும்
வாய்நாடி வாய்ப்பச் செயல்”

- திருக்குறள்

Every disease must be identified from the root cause itself. It is the main duty of the physician to bring out the causes of the disease and then the manifestations. Then only, the treatment attain fulfillment, when the primary cause is clarified.

Firstly, the author prepared a protocol for this study work. Then the study was undertaken in 30 selected cases of both male and female in the OPD / IPD of AyothiDoss Pandithar Hospital of the National Institute of Siddha, Chennai- 47, With the clinical symptoms of flatulence with diarrhea, Hat'red, excited with over anger, external mass in the anus, cramping pain in the posterior aspect of the thigh palloriness, edema, drowsiness, sluggishness and burning sensation in the eyes.

It is one of the study work based on “**Moola Pitham**” disease explained by yugi vaithiya chinthamani to reveal, the etiology, Envagaithervu, Nilam, Kaalam, Sothidam and Manikkadaai nool.

By the out come of the result of this study work “**Moolapitham**” is a disease caused by predominantly vitiated pitha humour. From this it is clear, to prevent the ‘Moola pitham’, one should avoid the causes mentioned in the pitha noigal. Neithal nilam

is more prone to produce **Moola Pitham** disease. So, people who are living in neithal nilam should keep the preventing aspects mentioned in this study.

The viruchigam rasi persons were more prone to affect by this disease. So, this rasi persons should take care for their well being.

The Pitha kaalam i.e. age group between 34 to 66 yrs are mostly affected. Ilavenir and Mudhuvener kaalam are more prone to produce this disease. So, people should alert to prevent the disease during this period.

The people who suffer from Pitha diseases use the herbs which are grown in their living areas which have got plenty of medicinal values. By using these herbs, the intensity of the diseases is getting reduced and hence they get the best remedies from the medicinal herbs.

Though, there are many medicines in our siddha literature for moola noigal, the internal medicine for **MoolaPitham** is mentioned only in Thanvandhiri vaithiyam. The author, in her study has “Moolapugai” as a external medicine as per vaithiya chinthamani, shows tremendous results in reducing the pile mass.

From this study, the author concludes that **Moolapitham** can be diagnosed by **Envagaithervu, Nilam, Kaalam , Sothidam and clinical symptoms**



Neer Kuri and Nei Kuri of the patient (Serial No- 22)

Picture showing Manjal nira Neer with Mothirathil Aravam



Moola Mulai of the patient (Serial No- 20)

Picture showing 7 'o'clock position of Moola Mulai

Naa:



Patient (Serial No. – 8) Picture showing pallor ness of the Tongue with Maapadithal.



Patient (Serial No.25) Picture showing pallor ness of the Tongue with fissure.

NATIONAL INSTITUTE OF SIDDHA, CHENNAI-47

A STUDY TO ACCESS THE DIAGNOSTIC ABILITY OF SIDDHA SYSTEM FOR MOOLAPITHAM

DIAGNOSTIC PROFORMA FOR *MOOLAPITHAM*

1. I.P / O.P.No _____	2. Bed No _____	3. S.No <input type="text"/>
4. Name _____	5. Age (yr) _____	6. Gender M <input type="checkbox"/> F <input type="checkbox"/>
7. Occupation _____		
8. Permanent Address _____ _____ _____		
9. Complaints and Duration _____ _____ _____		
10. History of Present Illness _____ _____ _____		
11. Family History	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
12. Menstrual History	1. Normal <input type="checkbox"/>	2. Abnormal <input type="checkbox"/>
13. Food Habit	1. Veg <input type="checkbox"/>	2. Non Veg <input type="checkbox"/>

GENERAL ETIOLOGY FOR MOOLAPITHAM

	1. YES	2. NO
14. Increased intake of Pulippu Suvai	<input type="checkbox"/>	<input type="checkbox"/>
15. Increased intake of Kaarpu Suvai	<input type="checkbox"/>	<input type="checkbox"/>
16. Increased intake of Uppu Suvai	<input type="checkbox"/>	<input type="checkbox"/>
17. Increased intake of Kizhangu vagaigal (Except Karunnai Kizhangu)	<input type="checkbox"/>	<input type="checkbox"/>

	1. YES	2. NO
18. Intake of uncooked food	<input type="checkbox"/>	<input type="checkbox"/>
19. Resisting appetite	<input type="checkbox"/>	<input type="checkbox"/>
20. Stress and strain	<input type="checkbox"/>	<input type="checkbox"/>
21. Increased anger	<input type="checkbox"/>	<input type="checkbox"/>
22. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
23. Perverted sexual contact	<input type="checkbox"/>	<input type="checkbox"/>
24. Over exposure to heat and sun	<input type="checkbox"/>	<input type="checkbox"/>
25. Riding for prolonged period	<input type="checkbox"/>	<input type="checkbox"/>

ENVAGAI THERVU

NAADI (KAI KURI)

I. Naadi Nithanam

26. Kalam

- | | | | |
|-------------------|--------------------------|--------------------|--------------------------|
| 1. Kaarkaalam | <input type="checkbox"/> | 2. Koothirkaalam | <input type="checkbox"/> |
| 3. Munpanikkaalam | <input type="checkbox"/> | 4. Pinpanikkaalam | <input type="checkbox"/> |
| 5. Ilavenirkaalam | <input type="checkbox"/> | 6. Muduvenirkaalam | <input type="checkbox"/> |

27. Desam 1. Kulir ☐ 2. Veppam ☐

28. Vayadhu 1. 1-33yrs ☐ 2. 33-66yrs ☐ 3. 66-100yrs ☐

29. Udal Vannmai 1. Iyyalbu ☐ 2. Valivu ☐ 3. Melivu ☐

30. Vannmai 1. Vannmai ☐ 2. Menmai ☐

31. Panbhu

- | | | | | | |
|-----------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| 1. Thannadai | <input type="checkbox"/> | 2. Puranadai | <input type="checkbox"/> | 3. Illaitthal | <input type="checkbox"/> |
| 4. Kathitthal | <input type="checkbox"/> | 5. Kuthitthal | <input type="checkbox"/> | 6. Thullal | <input type="checkbox"/> |
| 7. Azhutthal | <input type="checkbox"/> | 8. Padutthal | <input type="checkbox"/> | 9. Kalatthal | <input type="checkbox"/> |
| 10. Munnokku | <input type="checkbox"/> | 11. Pinnokku | <input type="checkbox"/> | 12. Suzhalal | <input type="checkbox"/> |
| 13. Pakkamnokku | <input type="checkbox"/> | | | | |

32. II. Naadi nadai

- | | | | | | |
|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|
| 1. Vali | <input type="checkbox"/> | 2. Azhal | <input type="checkbox"/> | 3. Iyyam | <input type="checkbox"/> |
| 4. Vali azhal | <input type="checkbox"/> | 5. Azhal vali | <input type="checkbox"/> | 6. Iyya vali | <input type="checkbox"/> |
| 7. Vali iyyam | <input type="checkbox"/> | 8. Azhal iyyam | <input type="checkbox"/> | 9. Iyya azhal | <input type="checkbox"/> |

NAA

33. Maapadinthiruthal 1. Present ☐ 2. Absent ☐
34. Niram 1. Karuppu ☐ 2. Manjal ☐ 3. Veluppu ☐
35. Suvai 1. Pulippu ☐ 2. Kaippu ☐ 3. Inippu ☐
36. Vedippu 1. Absent ☐ 2. Present ☐ _____
37. Vai neer oorai 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

38. NIRAM

1. Karuppu ☐ 2. Manjal ☐ 3. Veluppu ☐

39. MOZHI

- Oli 1. Sama oli ☐ 2. Urattha oli ☐ 3. Thazhntha oli ☐

VIZHI

40. Niram (Venvizhi)

1. Karuppu ☐ 2. Manjal ☐
3. Sivappu ☐ 4. Veluppu ☐
41. Kanneer 1. Present ☐ 2. Absent ☐
42. Erichchal 1. Present ☐ 2. Absent ☐
43. Peelai seruthal 1. Present ☐ 2. Absent ☐

MEI KURI (SPARISAM)

44. Veppam 1. Mitham ☐ 2. Migu ☐ 3. Thatpam ☐
45. Viyarvai 1. Increased ☐ 2. Normal ☐ 3. Reduced ☐
46. Thodu vali 1. Absent ☐ 2. Present ☐ _____
47. Mulai kaanal 1. Absent ☐ 2. Present ☐ _____

MALAM

48. Niram 1. Karuppu ☐ 2. Manjal ☐
3. Sivappu ☐ 4. Veluppu ☐
49. Sikkal 1. Present ☐ 2. Absent ☐
50. Sirutthal 1. Present ☐ 2. Absent ☐
51. kalichchal 1. Present ☐ 2. Absent ☐
52. Seetham 1. Present ☐ 2. Absent ☐
53. Vemmai 1. Present ☐ 2. Absent ☐

NEER KURI

54. Niram 1.Venmai ☐ 2. Manjal ☐ 3.Crystalclear☐
55. Manam 1. Present ☐ 2. Absent ☐
56. Nurai 1. Nil ☐ 2. Reduced ☐ 3. Increased ☐
57. Edai (Ganam) 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐
58. Enjal(Alavu) 1. Normal ☐ 2. Increased ☐ 3. Reduced ☐

59. NEI KURI

1. Aravam ☐ 2. Mothiram ☐
3. Muthu ☐ 4. Aravil mothiram ☐
5. Aravilmuthu ☐ 6. Mothirathil muthu ☐
7. Mothirathilaravam ☐ 8. Muthilaravam ☐
9. Muthilmothiram ☐ 10. Asathiyam ☐
11. Mellena paraval ☐

60. MANIKADAI NOOL (Viral kadai alavu)

--	--

IMPORIGAL / IMPULANGAL

1. Normal 2. Affected

61. Mei ☐ ☐ _____
62. Vai ☐ ☐ _____
63. Kan ☐ ☐ _____
64. Mooku ☐ ☐ _____
65. Sevi ☐ ☐ _____

KANMAENTHIRIYAGAL/ KANMAVIDAYANGAL

1. Normal 2. Affected

66. Kai ☐ ☐ _____
67. Kaal ☐ ☐ _____
68. Vai ☐ ☐ _____
69. Eruvai ☐ ☐ _____
70. Karuvai ☐ ☐ _____

UYIR THATHUKAL**I. VALI****1. Normal****2. Affected**

- | | | | |
|-------------------------------|--------------------------|--------------------------|-------|
| 71. Pranan (Uyirkkaal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 72. Abanan (Keezh nokku kaal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 73. Samanan (Naduk kaal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 74. Uthanan (Mel nokku kaal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 75. Viyanan (Paravu kaal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 76. Naahan | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 77. Koorman | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 78. Kiruhaman | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 79. Devathathan | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 80. Dhananjeyan | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

II. AZHAL**1. Normal****2. Affected**

- | | | | |
|------------------------------|--------------------------|--------------------------|-------|
| 81. Analarpitham(Aakku anal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 82. Ranjagapitham(Vanna eri) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 83. Alosagam (Nokku anal) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 84. Prasagam (Ul oli thee) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 85. Saathaham(Aatral angi) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

III. IYYAM**1. Normal****2. Affected**

- | | | | |
|-------------------------------|--------------------------|--------------------------|-------|
| 86. Avalambagam(Ali iyam) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 87. Kilethagam(Neerpi iyam) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 88. Pothagam(Suvai kaan iyam) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 89. Tharpagam(Niraivu iyam) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 90. Santhigam(Ondri iyam) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

UDAL THATHUKKAL**1. Normal****2. Affected**

- | | | | |
|-------------------------|--------------------------|--------------------------|-------|
| 91. Saaram | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 92. Senneer | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 93. Oon | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 94. Kozhuppu | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 95. Enbu | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 96. Moolai | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 97. Sukilam /Suronitham | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

MUKKUTRA MIGU GUNAM

I. Vali migu gunam	1. Present	2. Absent
98. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
99. Body colour –Black	<input type="checkbox"/>	<input type="checkbox"/>
100. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
101. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
102. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
103. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
104. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
105. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
106. Weakness of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
107. Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
108. Ukkam inmai	<input type="checkbox"/>	<input type="checkbox"/>

II. Pitham migu gunam	1. Present	2. Absent
109. Yellow colouration of the skin	<input type="checkbox"/>	<input type="checkbox"/>
110. Yellow colouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
111. Yellow colouration of urine	<input type="checkbox"/>	<input type="checkbox"/>
112. Yellow colouration of faeces	<input type="checkbox"/>	<input type="checkbox"/>
113. Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
114. Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>
115. Burning sensation in the body	<input type="checkbox"/>	<input type="checkbox"/>
116. Slumber	<input type="checkbox"/>	<input type="checkbox"/>

III. Kapham migu gunam	1. Present	2. Absent
117. Increased salivary secretion	<input type="checkbox"/>	<input type="checkbox"/>
118. Reduced activeness	<input type="checkbox"/>	<input type="checkbox"/>
119. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
120. Body colour –White	<input type="checkbox"/>	<input type="checkbox"/>
121. Chillness of the body	<input type="checkbox"/>	<input type="checkbox"/>
122. Reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>
123. Cough	<input type="checkbox"/>	<input type="checkbox"/>
124. Eraippu	<input type="checkbox"/>	<input type="checkbox"/>
125. Increased sleep	<input type="checkbox"/>	<input type="checkbox"/>

126. NOI UTRA KALAM

- | | |
|--|---|
| 1. Kaarkaalam <input type="checkbox"/> | 2. Koothirkaalam <input type="checkbox"/> |
| 3. Munpanikkaalam <input type="checkbox"/> | 4. Pinpanikkaalam <input type="checkbox"/> |
| 5. Ilavenirkaalam <input type="checkbox"/> | 6. Muduvenirkaalam <input type="checkbox"/> |

127. NOI UTRA NILAM

- | | | |
|-------------------------------------|------------------------------------|--------------------------------------|
| 1. Kuringi <input type="checkbox"/> | 2. Mullai <input type="checkbox"/> | 3. Marutham <input type="checkbox"/> |
| 4. Neithal <input type="checkbox"/> | 5. Palai <input type="checkbox"/> | |

128. Date of Birth: **129. Time of Birth:** **130. Place of birth:** _____**131. Rasi**

- | | | |
|--|---------------------------------------|--------------------------------------|
| 1. Mesham <input type="checkbox"/> | 2. Rishabam <input type="checkbox"/> | 3. Midhunam <input type="checkbox"/> |
| 4. Katakam <input type="checkbox"/> | 5. Simmam <input type="checkbox"/> | 6. Kanni <input type="checkbox"/> |
| 7. Thulam <input type="checkbox"/> | 8. Viruchiam <input type="checkbox"/> | 9. Dhanusu <input type="checkbox"/> |
| 10. Maharam <input type="checkbox"/> | 11. Kumbam <input type="checkbox"/> | 12. Meenam <input type="checkbox"/> |
| 00. Not known <input type="checkbox"/> | | |

132. Natchathiram

- | | | |
|--|--|---|
| 1. Aswini <input type="checkbox"/> | 2. Barani <input type="checkbox"/> | 3. Karthikai <input type="checkbox"/> |
| 4. Rohini <input type="checkbox"/> | 5. Mirugaseeridam <input type="checkbox"/> | 6. Thiruvathirai <input type="checkbox"/> |
| 7. Punarpoosam <input type="checkbox"/> | 8. Poosam <input type="checkbox"/> | 9. Ayilyam <input type="checkbox"/> |
| 10. Makam <input type="checkbox"/> | 11. Pooram <input type="checkbox"/> | 12. Utthiram <input type="checkbox"/> |
| 13. Astham <input type="checkbox"/> | 14. Chithirai <input type="checkbox"/> | 15. Swathi <input type="checkbox"/> |
| 16. Visakam <input type="checkbox"/> | 17. Anusam <input type="checkbox"/> | 18. Kettai <input type="checkbox"/> |
| 19. Moolam <input type="checkbox"/> | 20. Pooradam <input type="checkbox"/> | 21. Uthiradam <input type="checkbox"/> |
| 22. Thiruvonam <input type="checkbox"/> | 23. Avittam <input type="checkbox"/> | 24. Sadayam <input type="checkbox"/> |
| 25. Poorattathi <input type="checkbox"/> | 26. Uthirattathi <input type="checkbox"/> | 27. Revathi <input type="checkbox"/> |
| 00. Not known <input type="checkbox"/> | | |

CLINICAL SYMPTOMS OF MOOLAPITHAM

	1. Present	2. Absent
133. Flatulence with Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>
134. Hat'red	<input type="checkbox"/>	<input type="checkbox"/>
135. Excited with over anger	<input type="checkbox"/>	<input type="checkbox"/>
136. External mass in the anus	<input type="checkbox"/>	<input type="checkbox"/>
137. Cramping pain in the post.asp.of the thigh	<input type="checkbox"/>	<input type="checkbox"/>
138. Palloriness	<input type="checkbox"/>	<input type="checkbox"/>
139. Edema	<input type="checkbox"/>	<input type="checkbox"/>
140. Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
141. Sluggishness	<input type="checkbox"/>	<input type="checkbox"/>
142. Burning sensation in the eyes	<input type="checkbox"/>	<input type="checkbox"/>